



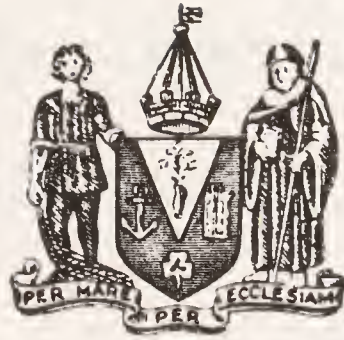
COUNTY BOROUGH OF SOUTHEND-ON-SEA

REPORT

ON THE WORK OF THE

**PUBLIC HEALTH DEPARTMENT
and SCHOOL HEALTH SERVICE**

For the Year 1967



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COUNTY BOROUGH OF SOUTHEND-ON-SEA

HEALTH COMMITTEE

Chairman:

Councillor C. L. Abbott

Vice-Chairman:

Councillor P. J. King

The Mayor

Alderman Mrs. G. Poole
Councillor C. M. Bidmead
Councillor W. F. Bowyer
Councillor M. Burstin
Councillor Mrs. M. E. Conway
Councillor V. M. Cooper
Councillor Mrs. D. G. Fane
Councillor A. R. Fuller
Councillor Mrs. N. I. Goodman
Councillor C. T. Jarman
Councillor T. A. Murray
Councillor J. R. White, B. Com.,
F. C. I. S., F. I. B.
Councillor Mrs. J. M. Sargent

Co-opted Members:

J. C. Field, Esq., F. H. A.

Miss R. Currie

Dr. M. Myers

Representing:

Southend-on-Sea Group Hospital
Management Committee

Southend-on-Sea Local Executive
Council

Southend-on-Sea Local Medical
Committee

CARE, AFTER-CARE AND WELFARE SUB-COMMITTEE

The Council Members of the Health Committee, together with Miss R. Currie, Mrs. T. V. A. Sandall and Mr. J. C. Field.

MATERNITY AND CHILD WELFARE SUB-COMMITTEE

The Council Members of the Health Committee, together with Miss R. Currie, Mrs. T. V. A. Sandall and Mr. J. C. Field.

RESIDENTIAL ACCOMMODATION SUB-COMMITTEE

The Council Members of the Health Committee, together with Miss R. Currie, Mrs. T. V. A. Sandall and Mr. J. C. Field.

Civic Centre,
Southend-on-Sea.

Telephone: Southend 49451

ANNUAL REPORT

I have the honour to present my first Annual Report for the year 1967. It relates to a year in which the department was guided for most of the time by my predecessor, Dr. J. Stevenson Logan. His retirement on 30th September 1967 ended 29 years wise direction of the Authority's Health and Welfare services.

His Annual Reports during this period provide a mine of information and wise comment on the problems which beset the town before and during the second world war and during the period of the post-war social revolution which culminated in the implementation of the National Health Service Act, National Insurance Act and the National Assistance Act.

The monuments to his skill and dedication are to be found in the improvement in the health of the whole community, in the people alive and well to-day who might have been a statistic in the mortality rates and in those who have unimpaired health because of the epidemics which were not allowed to develop.



Medical Officer of Health

VITAL STATISTICS 1967

		Totals	Rates Per 1, 000 Popu- lation	Rates Per cent of Live Births	Rates Per 1, 000 Live Births	Rates Per 1, 000 Live Related Births	Rates Per 1, 000 Total Births	England and Wales (Provi- sional)
Live Births			*					
Males	1, 147	2, 274	16. 19	10. 55				17. 2
Females	1, 127							
Illegitimate								
	240							8. 4
Stillbirths								
Males	17	28					12. 16	13. 8
Females	11							
Total Live and Stillbirths								
Males	1, 164	2, 302						
Females	1, 138							
Infant Deaths (Under 1 Year)								
Males	24	44			19. 35			18. 3
Females	20							
Legitimate	36							
Illegitimate	8							
						17. 70 33. 33		
Neo-natal Deaths (Under 4 Weeks)								
Males	17	31			13. 63			12. 5
Females	14							
Early Neo-natal Deaths (Under 1 Week)								
Males	17	28			12. 31			10. 8
Females	11							
Peri-natal Mortality (Stillbirths and early neo-natal deaths combined)		56					24. 33	25. 4
Maternal Mortality		-					-	0. 2
Deaths from Enteritis and Diarrhoea under 2 years of age		3			1. 32			0. 5

* "Adjusted" Rate, i. e. the "crude" rate multiplied by the area comparability factor of 1. 18.

		Totals	Rates Per 1, 000 Population	England and Wales (Provisional)
Deaths				
Males	1, 063	2, 281	* 10.46	11.2
Females	1, 218			
Deaths from:				
Whooping Cough		-	-	0.00
Diphtheria		-	-	-
Respiratory Tuberculosis		5	0.03	0.04
Influenza		2	0.01	0.02
Acute Poliomyelitis		-	-	-
Pneumonia		62	0.37	0.68
Cancer of Lung and Bronchus		114	0.69	0.58
Males	91		1.20	1.00
Females	23		0.26	0.19

* "Adjusted" Rate i.e. the crude rate multiplied by the area comparability factor of 0.76.

Population

The Registrar General's estimate of the mid-year Home Population was 165,760, being 100 fewer than the previous year, a rather surprising downward trend in the estimated population and it will be interesting to see if the census confirms this in due course.

Births

There was a decrease of 16 in the number of births, a variation which is probably of no statistical significance. The number of illegitimate live births also remains constant at 240.

Stillbirths

The total number of stillbirths again fell, this year by 9, to 28 during the year giving a rate of 12.6 per thousand births compared with a rate of 13.8 of the national average. This follows a persistent trend in the town and is an indication of the quality of the ante-natal services available to the population.

Infant Mortality

There is a slight deterioration in the rates for infant deaths, neo-natal deaths and early neo-natal deaths, but the peri-natal mortality rate continues to fall largely due to the improvement in the stillbirth rate.

Maternal Mortality

No deaths occurred which could be classified as maternal mortality.

Deaths

There were 2,281 deaths, a fall by 180, representing an adjusted rate of 10.46 per thousand compared with 11.2 per thousand for England and Wales. There was a decrease in both male and female deaths.

Tuberculosis

There were again 5 deaths from respiratory tuberculosis giving a rate of 0.03 per thousand, an unchanged figure.

Cancer

There were 446 deaths, (229 male and 217 female) a decrease of 55.

Cancer of the Lung and Bronchi

The following table shows the number of deaths from these conditions registered in each of the preceding three years.

<u>Year</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
1964	93	25	118
1965	112	28	140
1966	108	18	126
1967	91	23	114

It is to be hoped that the slight downward trend will be continued though it is quite possible that this is merely a random variation in the figures.

Heart Diseases

The total assigned to these conditions increased by 8 to 787 (375 males and 412 females).

Vascular Lesions of the Nervous System

The deaths attributable to this cause fell by 30 to 417 (145 males and 272 females).

Violence

The total of deaths, namely 26 (15 males and 11 females) from motor vehicle accidents was an increase of 3. All other accidents caused 38 deaths, 7 less than in 1966.

The total deaths by suicide rose from 23 to 25, a significant proportion of the persons deceased having had a history of psychiatric disorders.

<u>Age Group</u>	<u>Male</u>	<u>Females</u>
25 - 35	-	1
35 - 45	1	2
45 - 55	2	1
55 - 65	1	3
65 - 75	2	6
75 and over	2	4

There was one homicide.

Deaths of Children

Between the ages of 1 and 5 years, the deaths of 5 boys and 2 girls occurred, and in the 5 to 15 age group, those of 4 boys and 1 girl.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health:

J. Stevenson Logan, M.B., Ch.B., D.P.H. Retired: 30.9.67
G.V. Griffin, M.B., B.S., D.P.H. Appointed: 25.9.67

Deputy Medical Officer of Health:

J.C. Preston, M.R.C.S., L.R.C.P., D.P.H.

Assistant Deputy Medical Officer of Health:

M.R. Mellor, M.B., Ch.B., L.R.C.P., D.P.H.

Senior Assistant Medical Officer of Health:

Isabelle B. Barrie, M.B., Ch.B., D.R.C.O.G., D.P.H.

Assistant Medical Officers of Health:

J. Greenhalgh, M.B., B.S., M.R.C.S., L.R.C.P., D.A.
Elisabeth M. Smale, M.B., Ch.B., D.R.C.O.G. Resigned: 12.4.67

Part-time Medical Staff: 8

Principal Dental Officer:

E.C. Austen, L.D.S., R.C.S.

Part-time Dental Staff: 1

Principal Lay Officer, Chief Welfare Officer and Ambulance Officer

Ernest A. Beasant, M.B.E., F.I.S.W.

Chief Public Health Inspector:

E.A. Ellis, M.R.S.H., M.A.P.H.I.

Deputy Chief Public Health Inspector:

A.C. Arnold, M.A.P.H.I. Retired: 4.3.67
T.K. Aston, M.R.S.H., M.A.P.H.I. Appointed: 1.4.67

Public Health Inspectors: 10

Student Public Health Inspectors: 3

Superintendent Health Visitor:

Miss E.M.M. Roberts, S.R.N., S.C.M., S.R.F.N., H.V. Dip.,
H.V. Cert.

Health Visitors and School Nurses: 13 whole-time, 4 part-time.

Tuberculosis Health Visitor: 1

Superintendent of District Nurses and Non-Medical Supervisor of Midwives:

Miss D. Heaton, S.R.N., S.C.M., H.V.Cert., Q.N.

Deputy Superintendent of District Nurses and Non-Medical Supervisor of Midwives:

Miss A. Bullen, S.R.N., S.C.M., Q.N., M.T.D.

Midwives: 12

District Nurses: 25 whole-time, 2 part-time.

Deputy Chief Welfare Officer:

K. Golding, A.I.S.W.

Social and Mental Welfare Officers: 6

Welfare Assistants: 4

Home Teachers to the Blind: 2 vacancies.

Matrons and Supervisors of Homes:

Roche Close:	W. L. Jones
Crowstone House:	Mrs. E. E. Taylor
Pantile House:	Mrs. R. S. Keen
Whittingham House:	Mrs. J. A. Ball
Delaware House:	Mrs. F. K. Povah
Brook House:	Mrs. L. E. Smith
Priory House:	Mrs. G. A. Martin

Supervisor of Junior Training Centre:

Miss P. E. Moulder

Chiropody Staff:

Whole-time: 2
Part-time: 4

Administrative Staff:

Chief Clerk: S. F. Jupp
Administrative Assistant (Health): Miss A. M. Roberts
Administrative Assistant (Welfare): Mr. L. Mactavish
Administrative and Clerical Staff: 28

Doctor James Stevenson Logan, Medical Officer of Health and Principal School Medical Officer, retired on 30.9.67.

Doctor Logan was educated at Liverpool Collegiate School and Liverpool University and on qualification held three residential appointments at Liverpool Royal Infirmary and then worked in general practice. He was subsequently appointed a J.W. Garratt Fellow in Bacteriology at Liverpool University and attached to the Liverpool School of Hygiene.

On attaining his diploma in public health Doctor Logan became resident Medical Officer at Sheffield City Fever Hospital, his first Local Authority appointment in 1929. From there he was appointed Assistant Medical Officer of Health at Swindon with which authority he soon became Deputy Medical Officer of Health.

In 1935 he was appointed as Deputy Medical Officer of Health with the County Borough of Southend-on-Sea and promoted Medical Officer of Health and Principal School Medical Officer in 1940. With the passing of the National Assistance Act 1948, Doctor Logan was also appointed the Chief Executive Officer for the welfare services of the Local Authority.

During the whole of the 1939/45 hostilities Doctor Logan was responsible for the organisation and management of the A.R.P. Ambulance and First Aid casualty services in the Southend area.

Apart from his Local Authority work Doctor Logan served on a number of Committees of the British Medical Association, the Medical Research Council and the Public Health Laboratory Service, particularly in connection with poliomyelitis and measles.

He was a past president of the Society of Medical Officers of Health and was an examiner for the diploma in public health, the Central Midwives Board and Public Health Inspectors and the Health Visitors Certificates of the Royal Society of Health. He was also a lecturer to pupil nurses employed by the Southend Hospital Management Committee.

Doctor Logan was a member of Southend and Runwell Hospital Management Committees and also the National Health Service Southend-on-Sea Local Executive Council which has achieved a substantial measure of co-ordination in all branches of the National Health Service locally.

It is not unusual for a Local Government Officer to give many years of service with various Local Authorities throughout the country. There can be few, however, who are able to claim 38 years of service, some 35 of which have been spent either as a Chief or as a Deputy Chief Officer and who have also been so widely concerned with the furtherance and improvement of the many spheres connected with their professional, medical and Local Authority work.

Mr. A.C. Arnold, Deputy Chief Public Health Inspector, retired on 4.3.67. He came to Southend as a Sanitary Inspector in September 1934, and was promoted Deputy Chief Sanitary Inspector in March 1953. During the war he undertook additional duties in connection with First Aid Posts and Ambulance Depots, and in the years that followed his exceptional experience in the inspection and judgment of meat was invaluable to the department. His pleasant personality made him popular with both his colleagues and the public. He was replaced by Mr. T.K. Aston who took up his appointment on 1.4.67.

Mrs. E. May, Municipal Midwife, retired on 30.4.67. She was appointed full time District Nurse in the Home Nursing Service on 18.8.58 and was seconded to the Midwifery Service from 1.9.58 to 17.10.58 and again from 11.12.58 being formally appointed as a Midwife early in 1959. She was a helpful and acceptable colleague whose services we were sorry to lose.

Mrs. E.B.J. Beckwith, District Nurse, retired on 30.6.67. Mrs. Beckwith (then Miss Berks) was appointed as Nurse to the Southend-on-Sea Education Committee's Day Open Air School in May 1939 and when the outbreak of war made her services redundant she was forthwith engaged as the Nurse in charge of the Mobile Unit stationed at the local A.R.P. Headquarters, where she tackled with resolution and initiative work so different in character. In August 1946, with hostilities over and no possibility of the immediate re-opening of the Open Air School, Miss Berks accepted the post of District Nurse. In July 1948, when the National Health Service Act made the provision of home nursing a Council responsibility, she entered your employment where she remained until 31.7.49 when she resigned upon her marriage. In July 1952, as Mrs. Beckwith, she returned as a part-time district nurse and was transferred to full-time duties on 1.8.55, in which capacity she worked until her retirement.

Mrs. D.M. McCrea, District Nurse, retired on 6.10.67. She had been employed as a part-time District Nurse from 22.12.52 until 22.3.57, and in a full-time capacity from 7.9.59 until her retirement.

Miss C. Gallehawk, District Nurse, retired on 12.10.67. She had been formerly employed for 9 years by the Southend General Hospital District Nursing Service, entering the service of the Corporation on July 5th, 1948. Miss Gallehawk continued working as a full-time nurse until the time of her retirement when she had completed twenty-eight years of district nursing in Southend, which must constitute something of a record.

Miss V.E.W. Hodgson, Supervisor at the Junior Training Centre since 7.4.54 was given leave of absence without pay from 12.9.67 to undertake training as a teacher. Her successor was Miss P.E. Moulder.

SANITARY CIRCUMSTANCES OF THE AREA

Meteorology

The following is kindly supplied by the Meteorological Officer:-

Total sunshine for the year	1651.3 hours
Sunniest month	July
Days with sunshine	321
Total rainfall for the year	18.94 inches
Mean temperature	51°F.
Prevailing wind	West South West

Water

The statutory undertaker is the Southend Waterworks Company. Some water is obtained from deep wells but most is abstracted from rivers and all is treated. It is of moderate hardness, devoid of plumbo-solvent action and, as supplied, has a high degree of purity. The reservoir at Hanningfield provided an adequate reserve against the periods of drought which have been experienced since its erection.

The supply is piped and bacteriological examinations are made regularly, by the Company, of the water at various stages of its treatment and supply. Each week the Public Health Laboratory Service laboratory kindly reports on bacteriological samples submitted by this department, and from time to time, reports of the chemical analysis made by an independent laboratory are received, one of which is set out below:

Chemical Results in parts per Million

Appearance:	Clear and Bright	Turbidity (A. P. H. A. units):	Less than 3
Colour (Hazen):	8	Odour:	Nil
pH:	9.4	Free Carbon Dioxide:	Absent
Electric Conductivity:	580	Dissolved Solids dried at 180°C:	400
Chlorine present as Chloride:	69	Alkalinity as Calcium Carbonate:	35
Hardness: Total	135	Carbonate:	35
		Non-carbonate:	100
Nitrate Nitrogen:	7.3	Nitrite Nitrogen:	Less than 0.01
Ammoniacal Nitrogen:	0.08	Oxygen Absorbed:	1.2
Albuminoid Nitrogen:	0.09	Residual Chlorine:	0.3 at sampling
Metals:	Iron, Zinc, Copper, Lead:	absent	

Bacteriological Results

Number of colonies developing on Agar:	(1 day at 37°C 9 per ml.	2 days at 37°C 33 per ml.	3 days at 20-22°C 54 per ml.
	Present in	Absent from	Most probable number
Presumptive Coliform reaction	- ml.	100 ml.	0 per 100 ml.
Bact. coli. (Type 1):	- ml.	100 ml.	0 per 100 ml.
Cl. welchii reaction	- ml.	100 ml.	

This sample is clear and bright in appearance and is free from metals. It is alkaline in reaction but not to an excessive degree. The hardness of the water is very moderate and it contains no excess of mineral or saline constituents in solution. It is of satisfactory organic quality and bacterial purity.

These results indicate a pure and wholesome water suitable for public supply purposes.

Sewerage

While the arrangements for sewerage and sewage disposal are adequate, extensive sewerage works are well advanced in consideration of the central redevelopment scheme.

Common Lodging Houses

There are no common lodging houses in the area.

ADMINISTRATION

PUBLIC HEALTH ACTS, 1936 etc.

NATIONAL HEALTH SERVICE ACTS, 1946 - 1952

NATIONAL ASSISTANCE ACTS, 1948 - 1951

MENTAL HEALTH ACT, 1959

The administration of these lumps of legislation continued as in previous years.

EXPENDITURE

Principal Expenditure - Year ended 31st March 1967:

		£	s.	d.
N. H. S. A. 1946	Section 22 : Care of Mothers and Young Children	31,780.	15.	0.
	23 : Midwifery	28,232.	1.	11.
	24 : Health Visiting	17,001.	15.	7.
	25 : Home Nursing	41,815.	11.	4.
	26 : Vaccination and Immunisation	4,528.	12.	10.
	27 : Ambulance Service	58,989.	13.	10.
	28 : Prevention of Illness, Care and After-care	14,474.	19.	6.
	29 : Domestic Help	72,110.	16.	10.
	51 : Mental Health	49,447.	9.	1.
	Other Health Services	454.	13.	6.
Income from these Services:		£12,021.	15.	1.
		<hr/>		
Public Health Acts	General Sanitary Expenses	35,195.	18.	7.
	Disinfecting	2,184.	11.	10.
	Mortuary	1,921.	6.	4.
	Rodent Control	1,114.	2.	1.
	Health General	6,499.	14.	2.
	Income from these Services:	£ 674.	15.	7.
		<hr/>		
National Assistance Act, 1948	Residential Accommodation :	£	s.	d.
	Corporation Homes	308,488.	8.	6.
	Provided outside Southend	5,335.	1.	1.
	Provided by Voluntary Organisations	58,068.	2.	7.
	Other Welfare Services	13,779.	8.	4.
Income from these Services:		£160,497.	2.	6.

THE NATIONAL HEALTH SERVICE ACT, 1946, PART III

SECTION 21 - HEALTH CENTRES

The Working Party set up by the Council to consider the question of Health Centres reported in 1966. During the year 1967 firm plans were made to "cover" the borough by providing Health Centres in Shoeburyness, within the Central Redevelopment Area, in Leigh and in the North Leigh/Eastwood area, it being thought advisable to extend Kent Elms Clinic to provide accommodation for general practitioners.

The work on the Shoeburyness Health Centre was undertaken first and the Council have agreed to provide temporary accommodation as from the 1st September 1968. Simultaneously the planning of the Shoeburyness Health Centre was going forward in 1967 and after difficulties in arriving at an agreed site it was decided to utilize in Campfield Road, Shoeburyness and at the end of the year the preparation of sketch plans was well advanced.

The site for the Health Centre in the central redevelopment area which lies between Southchurch Road and the new ring road, is now being used as a car park and very little progress had been made by the end of 1967 to finalize a firm lay-out plan for the building. The whole structure is to comprise a car park with the Health Centre over, a composite medical and para-medical block over this and a day nursery on the top floor. It is anticipated that this Centre will not become a reality before 1974/75.

During the year no progress was made with the plans or arrangements for either the Leigh or North Leigh/Eastwood Centres.

SECTION 22 - CARE OF MOTHERS AND YOUNG CHILDREN

Clinics continue to be held at the following Centres:

Municipal Health Centre, Porters Grange Avenue:
Mondays, Tuesdays, Thursdays and Fridays.

Leigh Clinic, 70 Burnham Road:
Mondays and Thursdays.

Westcliff Clinic, 415 Westborough Road:
Tuesdays and Fridays.

Kent Elms Clinic, Rayleigh Road:
Wednesdays and Fridays - Health Visitor's Clinic.

Blenheim Clinic, St. James's Church Hall:
Alternate Wednesdays - Health Visitor's Clinic.

Manners Way Clinic, St. Stephen's Church Hall:
2nd and 4th Tuesday in each month - Health Visitor's Clinic.

Earls Hall Clinic, Earls Hall Baptist Church:
1st, 3rd and 5th Tuesdays in each month - Health Visitor's Clinic.

North Avenue Clinic, Ferndale Road Baptist Church:
Thursdays - Health Visitor's Clinic.

Thorpedene Clinic, Maplin Way:
Wednesdays and Fridays - Health Visitor's Clinic.

Shoebury Clinic, Council Offices, High Street:
1st, 3rd and 5th Tuesdays in each month - Health Visitor's Clinic.

INFANT CLINICS

	Southend	Southchurch	Leigh	Westcliff	Shoebury	Thorpedene	Kent Elms	Blenheim	Manners Way	Earls Hall	North Avenue	TOTAL
No. of sessions	102	100	100	102	28	103	103	25	23	28	52	766
No. attending												
Born in 1967	317	262	205	376	29	199	255	56	39	56	90	1884
Born in 1966	214	169	187	215	52	115	205	46	55	77	85	1420
Born 1962-1965	135	129	98	133	14	79	101	6	6	14	22	737
Total attendances												
Born in 1967	2500	2223	1634	2595	193	1508	2150	406	374	494	850	14927
Born in 1966	1400	1427	1219	1655	173	965	1631	118	203	513	557	9861
Born 1962-1965	350	487	303	384	50	209	408	23	12	17	66	2307
No. aged 1 to 5 (routine medical inspections)	166	383	269	215	†	†	†	†	†	†	†	1035

† Medical Officer does not attend these clinics

Welfare and Other Foods

The distribution of National Dried Milk and vitamins at clinics, by the W. V. S. and by certain retailers was continued, as shown in the following table:

	<u>National Dried Milk</u>	<u>Cod Liver Oil</u>	<u>Vitamins A and D</u>	<u>Orange Juice</u>
	tins	bottles	packets	bottles
1965	26, 141	2, 940	2, 921	45, 053
1966	24, 486	2, 783	2, 757	45, 139
1967	21, 007	2, 527	2, 338	42, 660

The demand for dried milk, vitamin preparations and orange juice declined.

Ante-Natal Clinics

Municipal Health Centre:	Mondays until 10.7.67, Tuesdays, Thursdays and Fridays 9.15 a. m.
Leigh Clinic:	1st, 3rd and 5th Tuesdays in each month - 2.0 p.m.
Kent Elms Clinic:	2nd and 4th Tuesdays in each month - 2.0 p. m.
Westcliff Clinic:	Wednesday - 10.30 a. m. from 17.7.67 and 2.0 p. m.
Thorpedene Clinic:	2nd and 4th Mondays in each month - 2.0 p. m. until 10.7.67 - weekly from 17.7.67.

	M. H. C.	Leigh	Kent Elms	Westcliff	Thorpe -dene	Total
No. of sessions	180	28	23	76	36	343
No. of individual expectant mothers	1114	193	207	494	201	2209
Total attendances	5314	764	833	2157	743	9811

Although the total attendances at ante-natal clinics fell by 698 to 9,811 there were 66 more individual patients who used these facilities.

Blood Examinations

Anaemia is an important and very common development in pregnancy because the number of red cells and the quantity of haemoglobin are not increased proportionately to the changes in the volume of the blood. Reference was made in the previous report about the recovery of the haemoglobin results from an earlier shift to the left.

Among the more recent advances in obstetrics has been the further study of the rhesus-factor situation in the mother, so it is encouraging to record that the total number of tests made rose by 112 to 2,194.

As the incidence of venereal disease is increasing, it is reassuring that no serum positive reactions occurred in 1,819 examinations.

Ante-Natal Haemoglobin Estimations during 1967 - 2112 tests

Haemoglobin Gms. %	Under 7.5	7.5-8.1	8.2-8.9	9.0-9.6	9.7-10.4	10.5-11.2	11.3-12.0	12.1-12.6	12.7-13.3	13.4-14.1	14.2-14.8	14.9 +
% Haemoglobin 14.8 average	Under 51	51-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-100	100 +
No. of tests	-	4	10	54	162	479	704	326	244	111	17	1
% of each group	-	0.18	0.47	2.5	7.6	22.6	33.3	15.4	11.5	5.2	0.80	0.45

Precipitation Reaction Tests		Rhesus Factor Tests		
No. of tests made	P. P. R. Negative	No. of tests made	Rh. Positive	Rh. Negative
1819	1819	2194	1527	667

Post-Natal Clinics

Municipal Health Centre: 2nd and 4th Saturdays 9.15 a.m. until 28.10.67, thereafter 1st, 3rd and 5th Thursdays

Leigh Clinic)
Kent Elms Clinic) : Combined with Ante-natal Sessions
Westcliff Clinic)
Thorpedene Clinic)

	M. H. C.	Leigh	Kent Elms	Westcliff	Thorpe -dene	Total
No. of sessions held	25	28	23	76	36	188
No. of individual mothers who attended	389	57	87	64	65	662
Total attendances	464	68	105	80	78	795

There was little change in the use made of post natal facilities where 662 mothers, a decrease of 45, attended during the year.

Relaxation Classes

No. of sessions	257
No. of expectant mothers who attended	542
Total attendances	3,783

It was possible to provide 257 sessions; there can be no doubt about the value of this kind of preparation, or of the appreciation which many of the mothers expressed.

Dental Treatment of Expectant and Nursing Mothers and Young Children
Report of Mr. E. C. Austen, L. D. S., R. C. S., (Eng.), Principal Dental Officer

The arrangements for dental examination and treatment of this class remained the same as for previous years, namely that the facilities were offered to those who were referred by Medical Officers at the various clinics and those who sought treatment and advice on their own account. Nevertheless, the equivalent of 28 sessions were afforded.

The number of expectant and nursing mothers examined showed a slight increase while the proportion completing their treatment declined somewhat. There was a slight increase in the volume of prosthetic work which included the replacement of old and ill-fitting dentures for 4 mothers.

Dental treatment for the pre-school children showed an interesting increase in the number of fillings and a corresponding slight decrease in the number of teeth extracted.

There are now facilities at the Dental Surgery for conducting radiological examination if necessary.

Number provided with Dental Care

	Number Examined	Number who Commenced Treatment	Courses of Treatment Completed
Expectant and nursing mothers	61	61	53
Children under five	89	89	77

Forms of Dental Treatment Provided

	Scalings and Gum Treatment	Fillings	Extractions	General Anaesthetics	Patients provided with Dentures	
					Full Upper or Lower	Partial Upper or Lower
Expectant and nursing mothers	15	29	58	20	4	7
Children under five	-	32	112	67	-	-

Unmarried Mothers and their Children

Of the 240 illegitimate live births recorded in the Borough, 27 became the responsibility of the Health Committee who provided residential accommodation through the agency of the Southend-on-Sea Branch of the Chelmsford Diocesan Moral Welfare Association. A great deal of assistance was afforded through this agency to others who did not require residential help. Assistance was also given by the Health Visiting staff and by the Children's Department staff.

Hospital Maternity Services Liaison Committee

This Committee continued its very valuable role throughout the year enabling close consultation to take place between all those concerned with maternity services.

Stillbirths and Infant Mortality

The stillbirth rate is 12.16 per thousand total births which is 1.7 below the national figure of 13.8. The infant mortality rate at 19.3 per thousand live births is 1.0 above the national average, in contrast to the situation last year when the rate was 15 per thousand, 1.9 per thousand below the national average.

The small variations in total numbers can produce considerable variation in the rates and though it is perhaps a little disappointing that the previous downward trends have not continued, I do not think that this indicates anything else than the inevitable random variations in figures, particularly as the peri-natal mortality rate continues to fall and at 24.3 per thousand is below the national average of 25.4 per thousand. This rate is generally considered the most sensitive index since it indicates the hazards around the time of birth and its continuing decline is a heartening factor.

<u>Stillbirths</u>		<u>Infant Deaths</u>	
Congenital Abnormality	5	Prematurity	16
Placental Insufficiency	7	Congenital Defect	5
Ante-partum Haemorrhage	5	Asphyxia Neonatorum	5
Rhesus Incompatibility	2	Respiratory Infections	3
Twins	2	"Cot deaths"	5
Birth Hazards	3	Gastro-enteritis	2
Not classified	4	Meningitis	1
		Birth Injuries	4
		Multiple Injuries/Haemorrhage	1
		Acute Muscular Dystrophy	1
		Inhalation of Gastric Contents (Volvulus)	1

Deaths under 1 Year by Age Groups

	<u>M</u>	<u>F</u>	<u>Total</u>
Under 24 hours	12	7	19
24 hours - 1 week	5	6	11
	<hr/>	<hr/>	<hr/>
Total deaths under 1 week	17	13	30
1 - 2 weeks	-	-	-
2 - 4 weeks	-	1	1
	<hr/>	<hr/>	<hr/>
Total neo-natal mortality	17	14	31
1 - 3 months	3	3	6
3 - 6 months	2	2	4
6 - 9 months	1	-	1
9 - 12 months	1	1	2
	<hr/>	<hr/>	<hr/>
Total infant mortality	24	20	44
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

Peri-natal Mortality

Year	No. of Stillbirths	No. of infants dying aged up to and including seven days	Total	Total live and Stillbirths	Rate per 1, 000 live and Stillbirths
1967	28	30	58	2, 302	25. 2
1966	37	25	62	2, 427	25. 6
1965	42	31	73	2, 463	29. 6
1964	34	31	65	2, 485	26. 2
1963	38	27	65	2, 510	25. 9
1962	27	29	56	2, 421	23. 1
1961	36	25	61	2, 346	26. 0
1960	26	26	52	2, 250	23. 1
1959	36	18	54	2, 144	25. 2
1958	44	19	63	2, 201	28. 6

Deaths of Children aged 1 - 5 years

Male	1 year	Gastro-enteritis	Female	3 years	Toxaemia
Male	3 years	Road Accident	Female	4 years	Head injury
Male	3 years	Pneumonia			
Male	3 years	Late consequences of Meningitis			
Male	4 years	Congenital abnormality of brain and spinal column			

Deaths of Children aged 5 - 15 years

Male	6 years	Road accident	Female	11 years	Road accident
Male	11 years	Drowning			
Male	11 years	Drowning			
Male	13 years	Road accident			

PREMATURE BIRTHS 1967

Weight at Birth	Premature Live Births												Premature Stillbirths	
	Born in hospital				Born at home or in a nursing home									
					Nursed entirely at home or in a nursing home				Transferred to hospital on or before the 28th day				Born in hospital	Born at home or in nursing home
	Total births	Died within 24 hrs. of birth	Died in 1 and under 7 days	Died in 7 and under 28 days	Total births	Died within 24 hrs. of birth	Died in 1 and under 7 days	Died in 7 and under 28 days	Total births	Died within 24 hrs. of birth	Died in 1 and under 7 days	Died in 7 and under 28 days		
2lb. 3 oz. or less	8	7	-	-	-	-	-	-	-	-	-	-	1	-
Over 2lb. 3 oz. up to and including 3lb. 4 oz.	7	3	1	-	-	-	-	-	-	-	-	-	2	-
Over 3lb. 4 oz. up to and including 4lb. 6 oz.	25	-	3	-	1	-	-	-	-	-	-	-	5	-
Over 4lb. 6 oz. up to and including 4lb. 15 oz.	15	-	-	-	3	-	-	-	-	-	-	-	3	-
Over 4lb. 15oz. up to and including 5lb. 8 oz.	55	-	-	-	8	-	-	-	-	-	-	-	1	-
TOTALS	110	10	4	-	12	-	-	-	-	4	-	-	12	-

SECTION 23 - MIDWIFERY

Domiciliary Service

Mrs. F. Bridge, F.R.C.S. who had retired as Obstetric Adviser and Consultant Obstetrician on 30.9.66 continued to act as Medical Supervisor of Midwives until 31.5.67 having served for twenty-four years in this capacity.

During the year one midwife retired, one resigned and one was appointed; one member of staff attended a Refresher Course at Bangor.

The midwives conducted 447 deliveries in the patients' own homes, a reduction of 103 on the previous year and they continued the post-natal care of a further 900 mothers and their babies who were discharged from hospital maternity care before the 14th day of the puerperium.

52.7% of Borough residents who were delivered in hospital maternity units returned home under the "elective early discharge" system. This arrangement which is acceptable to mothers, enables the hospital facilities to be utilized for the greatest number of patients. It has a secondary effect of modifying the traditional role and work of the domiciliary midwife and underlines the essential unity of the Midwifery Service whether administered by the hospital, general practitioner or local authority.

Of the 447 domiciliary deliveries 414 were conducted solely by the midwife and in 33 cases the general practitioner was in attendance. Medical aid forms were sent on 49 occasions, an increase from 9.8% to 11.8% of the midwives cases.

Domiciliary midwives administered Trilene on 223 occasions, while Pethidine and its allied preparation Pethilorfan, were given to 330 mothers. Welldorm, a proprietary preparation of chloral, was also used beneficially.

In addition to what is supplied to patients on their early discharge from hospital, the department issued 554 sterilised maternity packs for use at other than hospital confinements.

Midwives' Ante-natal Clinics

These were held as under:-

Municipal Health Centre:	Wednesdays 2.0 p.m.
Leigh Clinic:	Fridays 2.0 p.m.
Westcliff Clinic:	Mondays 2.0 p.m.
Thorpedene Clinic:	1st, 3rd and 5th Mondays in each month until 3.7.67, thereafter 1st, 3rd and 5th Tuesdays, 2.0 p.m.
Kent Elms Clinic:	Thursdays 2.0 p.m.

	M. H. C..	Leigh	Westcliff	Thorpe -dene	Kent Elms	Total
No. of sessions held	52	51	48	25	52	228
No. of individual expectant mothers who attended	287	97	154	64	205	807
Total attendances	1,428	473	725	219	836	3,681

Midwives Act 1951

Of 227 births which took place in a maternity home 88 were to Southend mothers.

Congenital Malformations

The notification by the maternity unit and by domiciliary midwives of congenital defects apparent at birth, which is complete and satisfactory, is confirmed by subsequent enquiry at a later date and a periodic report is sent to the General Register Office.

Year	Notifications received	Notifications returned to G. R. O.	Rate Per 1000 births (live and still)
1964	51	36	14.5
1965	67	32	13.0
1966	59	25	10.3
1967	72	35	15.2

Maternal Mortality

Happily no death attributable to maternity causes occurred during the year. There have only been 3 such losses since August 1957.

SECTION 24 - HEALTH VISITING

Two members of staff resigned and one was appointed having completed her training; two members of staff attended refresher courses.

The work of this most vital service continued as in previous years against the background of continuing staff shortage. In these circumstances great credit is due to all members of the Section that they should continue with unabated vigour to advise and help those members of the community who benefit so much from their guidance. During the year they made a total of 22,137 visits.

	Cases Visited by Health Visitors	Number of Cases
1	Total number of cases	12,835
2	Children born in 1967	2,686
3	Children born in 1966	2,487
4	Children born in 1962-65	4,950
5	Total number of children in lines 2 - 4	10,123
6	Persons aged 65 or over	50
7	Number included in line 6 who were visited at the special request of a G. P. or hospital	5
8	Mentally disordered persons	9
9	Number included in line 8 who were visited at the special request of a G. P. or hospital	-
10	Persons, excluding Maternity cases, discharged from hospital (other than mental hospitals)	4
11	Number included in line 10 who were visited at the special request of a G. P. or hospital	2
12	Number of tuberculous households visited	7
13	Number of households visited on account of other infectious diseases	830
14	Other cases	2,704
15	Number of tuberculous households visited by tuberculosis visitors	138

SECTION 25 - HOME NURSING

Miss A. Bullen was appointed Deputy Supervisor of Home Nursing and Non-Medical Deputy Supervisor of Midwives succeeding Miss M. V. Philp who resigned in February 1967.

Other staff changes during the year involved two resignations, three retirements and five new appointments. No members of staff attended a refresher course during the year.

The upward trend in the number of nursing visits made has continued, utilizing the same numerical number of staff, an achievement which is a great credit to the service.

The bulk of the work continues to be with the older age groups in the population and an increase in the case-load is inevitable, due to the increasing proportion of the older age groups in the population.

Year	Age at time of first visit during the year			
	Over 65		Under 5	
	No.	Visits paid	No.	Visits paid
1963	2, 590	69, 879	54	353
1964	2, 668	68, 787	47	256
1965	2, 478	71, 969	44	312
1966	2, 791	74, 480	24	123
1967	2, 792	75, 428	29	111

Incontinence Pads

The issue of incontinence pads has continued and increased during the year to 22, 000. This is double the number issued in 1966. This increase is partly due to an increased demand and partly due to allowing patients known to the general practitioners to be incontinent but who are not necessarily being attended by the Home Nursing Service, to use these pads. This is amply justified because it helps to extend the period when a person may not require the services of a home nurse or home help or be admitted to hospital or residential accommodation.

We extend our grateful thanks to Westcliff Hospital for their co-operation in continuing to incinerate such pads as cannot be disposed of in the home.

Classification of Conditions treated	No. of Patients Visited					
	1949	1963	1964	1965	1966	1967
Accident	23	1	4	2	2	5
Amputations	6	4	-	1	-	3
Blood Diseases	32	351	495	471	497	602
Bronchitis and Pleurisy	81	260	252	293	324	321
Burns and Scalds	20	26	18	26	26	25
Carbuncles, Boils & Abscesses	44	111	110	84	76	40
Cardiac & Circulatory Conditions	200	499	442	379	429	400
Cerebral Haemorrhage	142	210	228	217	249	289
Dental Conditions	-	4	4	3	-	1
Diabetes Mellitus	142	85	75	76	77	70
Ear, Nose and Throat Conditions	88	73	58	39	31	21
Enema (for treatment)	188	480	422	405	428	381
Enema (for investigation)	255	573	618	504	550	486
Eye Conditions	13	6	6	9	12	12
Fractures	27	24	7	8	7	8
Gangrene	9	6	3	10	4	7
Gastric Conditions	19	4	1	3	1	4
Gynaecological Conditions	45	39	25	20	21	26
Helminth Infections	55	1	3	-	-	-
Infectious Diseases	5	2	1	-	-	-
Influenza	11	2	1	-	7	2
Injections (for unclassified causes)	20	12	23	7	4	3
Maternity	7	172	117	77	65	37
Miscarriage	13	5	4	4	2	6
Malignant Diseases	167	167	195	209	275	286
Nervous Diseases	2	48	40	35	39	45
Operations	8	11	3	1	-	1
Paralysis (other than strokes)	37	47	43	34	32	40
Pneumonia	90	52	54	44	30	41
Prostatic Conditions	66	6	7	12	6	6
Pyrexia of Unknown Origin	-	4	2	1	1	1
Rheumatic Diseases	62	174	188	197	228	243
Senility	135	235	278	300	346	343
Skin Conditions	26	16	56	35	23	43
Surgical Dressings	92	216	297	303	344	364
Tuberculosis	22	63	58	57	50	50
Urinary and Renal Conditions	3	50	44	37	25	37
Ulceration of Legs	36	102	114	120	132	140
Not classified	8	8	21	6	5	4
Total patients	2,199	4,149	4,317	4,029	4,348	4,393
Total visits	56,897	98,108	98,862	96,846	99,102	99,758
Total of whole-time and equivalent whole-time staff at end of year	14.5	28	28	28	27	27

SECTION 26 - VACCINATION AND IMMUNISATION

The arrangements made for vaccination and immunisation in 1966 continued to be carried on during 1967. The levels of immunisation approximate to the national averages and it is certainly desirable that the percentage of those protected in the community should be increased.

Smallpox Vaccination - aged under 15

At Council's Clinics:

Primary	523
Re-vaccination	46

By Private Practitioners:

Primary	958
Re-vaccination	128

Diphtheria, Whooping Cough, Tetanus and Poliomyelitis

	Diphtheria	Whooping Cough	Tetanus	Poliomyelitis
<u>Completed Primary Courses</u>				
1) At Council's Clinics				
Children under 4	590	577	590	1167
Children 4 - 16	65	28	68	86
Totals	655	605	658	1253
2) By Private Practitioners				
Children under 4	1218	1197	1220	915
Children 4 - 16	87	80	168	90
Totals	1305	1277	1388	1005
<u>Reinforcing Doses</u>				
1) At Council's Clinics				
Children under 4	87	43	87	13
Children 4 - 16	285	62	287	760
Totals	372	105	374	773
2) By Private Practitioners				
Children under 4	392	376	395	279
Children 4 - 16	649	519	691	622
Totals	1041	895	1086	901

Protection against cholera, typhoid, tetanus and yellow fever continues to be available and is of course of great importance in an area attending a busy airport.

The total number of vaccinations performed was 688 as compared with 662 in the previous year, viz:

Cholera	36	Tetanus	21
Typhoid	39	Yellow Fever	303
Cholera/Typhoid	272	Typhoid/Tetanus	17

SECTION 27 - AMBULANCE SERVICE

The administration arrangements for the ambulance service continued unchanged. The local St. John Ambulance Brigade Division acting as the Corporation's agent, provides an accident and invalid transport service. The Authority has two sitting case ambulances and other patients are conveyed by the hospital car service and the Council's central transport pool.

The cost of this service continues to rise but still compares very favourably for figures of cost with County Boroughs of comparable size, the cost per thousand population being £404, which is £126 less than the national average.

I would like to express my gratitude to the officers and members of the St. John Ambulance Brigade, hospital staff, hospital car service, personnel of the Corporation car pool and our own ambulance drivers for the excellent work that they have continued to do throughout the year.

	Mileage		Patients Carried		Miles Per Patient	
	1967	1966	1967	1966	1967	1966
St. John Amb. Brigade	117,538	117,602	17,373	17,234	6.77	6.82
Sitting Case Ambulances	25,976	26,418	16,085	15,546	1.61	1.70
Hospital Car Service	247,586	222,602	46,322	41,859	5.34	5.32
Corporation Car Pool	90,727	53,559	17,178	10,752	5.28	4.98
TOTAL	481,827	420,181	96,958	85,391	4.97	4.92
Transport by Rail	33,547	41,026	836	1,050	40.13	39.07

SECTION 28 - PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

Dr. E.G. Sita-Lumsden reports that 274 new contacts were examined at the Chest Clinic during the year, of whom 5 were found to be suffering from tuberculosis. Contacts of patients made 667 attendances.

There were 26 households in the borough in which an individual was known to be excreting myco-bacterium tuberculosis at some time during the year.

The 26 patients were classified as follows:-

- (a) 20 were positive for the first time
- (b) 4 were relapsed patients known to have been positive in the past:
- (c) 2 were known positive cases.

The responses were:-

- (a) 17 were rendered sputum negative, 2 remained positive and 1 died
- (b) 2 were rendered sputum negative, 1 remained positive and 1 died
- (c) both were considered to remain sputum positive at the end of the year.

The number of known sputum positive persons at the end of the year was 5, being 3 fewer than in 1966.

Home treatment of tuberculosis is now well accepted as an adjunct to, and not as a substitute for, hospital treatment. Its success owes a great deal to the home nursing service which paid 1,627 nursing visits to a total of 43 patients.

During the year the domestic help service provided help for 7 households as compared with 8 in 1966. A daily issue of one pint of milk was made to 12 patients: 1,817 visits were paid by Mrs. Wilson the tuberculosis Health Visitor who also attended an average of five sessions at the clinic each month.

B.C.G. Vaccination

(a) Contacts (by the hospital service)

A total of 76 children and close relatives of patients suffering from tuberculosis were vaccinated with B.C.G., 22 fewer than last year.

(b) School Children (by the Authority)

During each of the first three years of secondary education pupils are offered the Heaf test. This year the acceptance rate averaged 92.6% and again a slightly larger proportion of children were found to have already been vaccinated. The liability to infection has continued to decline, for the natural positive and observed conversion rate decreased. Subsequent to the skin tests x-ray examination is arranged for Grade 2, 3 and 4 reactors, a facility also extended for the families of the two latter groups.

The advisability of x-ray for Grade 2 reactors was again demonstrated when a child was observed and some months later on x-ray was found to have enlarged hilar glands of tuberculous origin. The source of infection in this case is likely to be from contact in her home country of Pakistan. Re-x-ray of a child kept under observation after a Grade 3 reaction in September 1966 showed a mild tubercular infection, the origin possibly being an aunt who was visited from time to time. In relation to this last child, the whole of her school year were re-tested but no indication of a source within the school was found.

No active disease was found in any other families of children with a marked reaction, although eight children following a positive reaction were kept under surveillance.

Pupils from two private schools were included in the scheme, of whom 93 representing 83.0% of those eligible were tested, their natural positive rate being 5.37%; three of them required x-ray examination. Of this school population 4.3% had already been vaccinated with B.C.G. Pupils at the Junior Training Centre were again skin tested with satisfactory results and, where indicated, B.C.G. vaccination carried out.

Pupils who have been vaccinated previously are Heaf tested in their third year so as to defer any re-vaccination which may be required until they are about to leave school to enter an environment where the risks of infection are increased. Four pupils who had been vaccinated previously produced Grade 3 or 4 reactions but showed no evidence of active disease, while four who had become skin negative again were re-vaccinated.

	Acceptance Rate	Percentage Previously Vaccinated	Natural Positive Rate %	Conversion Rate %
1st Year	92.6 (91.3)	7.53 (6.92)	2.51 (1.88)	- -
2nd Year	92.6 (91.2)	7.36 (5.64)	3.16 (3.72)	0.32 (0.63)
3rd Year	92.5 (92.3)	6.53 (3.75)	3.92 (6.43)	0.34 (0.42)

The figures in brackets are those for the previous year

Heaf Reactions of Unvaccinated Secondary School Pupils

	Grade of Reaction to Heaf test				Total
	1	2	3	4	
1st Year	27 (35)	2 (2)	1 (0)	4 (3)	34 (40)
2nd Year	7 (12)	1 (0)	0 (1)	0 (0)	8 (13)
3rd Year	6 (15)	3 (0)	0 (2)	1 (0)	10 (17)
TOTAL	40 (62)	6 (2)	1 (3)	5 (3)	52 (70)

The figures in brackets are those for the previous year

Total No.	First Year Pupils	Second Year Pupils	Third Year Pupils	Private Schools	Total
Invited	2013	2097	2090	115	6315
Consented	1864	1942	1934	96	5836
Tested	1625	1666	1822	95	5208
Negative	1504	1557	1648	84	4793
Natural Positive	34	8	10	5	57
Prior vaccination	3	-	111	4	114
Converters	-	4	5	-	9
B. C. G. given	-	-	1614	81	1695

Tuberculosis After-Care Sub-Committee

The following statistics furnished by the secretary, Mr. T.D. Garner, to whom we are much indebted, relate to the Tuberculosis After-Care Sub-Committee of the Civic Guild of Help, to which the Council make a grant. The amount disbursed by the Civic Guild amounted to £84. 14. 11d. as compared with £130. 10. 10d. in the previous year.

Type of Assistance	Number Assisted	Cost £ s. d.
Clothing	1	2. 2. 11.
Travel vouchers to visit patients in hospitals and sanatoria	1	2. 5. 4.
Heating and Lighting	2	3. 17. 4.
Insurances	3	44. 10. 10.
Special Needs	3	10. 16. 0.
Christmas Gifts	12	21. 2. 6.
Total number of cases assisted	22	84. 14. 11.

Chiropody

This service is afforded without charge to persons aged 69 and over, recommended by medical practitioners or district nurses. It is also available to younger persons who suffer from conditions which make this assistance necessary.

Part-time chiropodists attended approximately 600 sessions during the year, and a second whole-time chiropodist commenced in July. At the end of the year, 16 sessions were being held each week at the Municipal Health Centre, 6 at Westcliff clinic and 3 at Leigh clinic, while 9 were devoted to domiciliary treatment.

	<u>Clinic</u>	<u>Domiciliary</u>	<u>Total</u>
Number of sessions	1010	305	1315
Number of treatments given	7030	1714	8744
Number of patients treated	1365	542	1907

Illness Generally

Convalescent and After-Care Homes

During the year 57 patients were provided with recuperative holidays or after-care for periods of up to 3 weeks. The total cost was £962. 4. 1d. towards which patients or their relatives were required to contribute £50. 4. 6d.

Home Nursing Requisites

Requisites most commonly in demand are supplied on loan by the local division of the St. John Ambulance Brigade, to which the Council made a grant of £100 towards the cost of equipment. Superintendent Harris has kindly furnished the following information about articles loaned during the year:-

Patients assisted	1,489
Articles loaned, as under:	
Air-rings	106
Back-rests	136
Bed-cradles	156
Bed-pans	528
Commodes	197
Crutches (pairs)	100
Feeding-cups	20
Plastic Sheets	350
Urinals	108
Walking Aids	26
Walking-sticks	19
Wheel-chairs	308
Miscellaneous	10
	<hr/>
	2,064
	<hr/>

There are, however, appliances which add much to the well-being of gravely disabled patients, the cost of which the voluntary organisations are not expected to meet and which have therefore been purchased by the Council. These include 14 hoists by which patients can be lifted from bed to chair and from wheelchair to bath, and 10 special beds which enable desirable postures and attitudes to be attained and maintained.

CERVICAL CYTOLOGY

From the beginning of the year, the number of sessions held by the local authority was increased to four per month and for a short period in the summer to six per month because Dr. Caldwell, Consultant Pathologist, was able to accept more specimens. The waiting list for women who had requested examination was substantially reduced although priority still had to be given to women over the age of 35, or who had three or more children, or who were taking oral contraceptives. Approximately 1,600 women attended for the first time, and about 170 were requested to return for repeat tests for various reasons.

Cancer cells were found in the specimens taken from eight women. These women were referred urgently for further investigation and treatment. In the course of the examinations offered at the clinic other conditions were detected; arrangements were made for these to be followed up or treated, and general advice was given.

Of the eight women whose tests were positive, none was over the age of 45 years and one was 34 years. It is hoped that it will be possible for more encouragement to be given to women in the younger age group to attend for examination, as soon as facilities are available.

During the year the Hospital Management Committee organised a local liaison committee representing the hospital, the general practitioners and the local health authority service, to co-ordinate the services provided for the population-screening for cancer of the cervix. The Medical Officer of Health was appointed to serve on this Committee, and Mrs. Flora Bridge, F.R.C.S., who is responsible for the arrangements concerning this service made by the Health Committee, was invited to attend.

SECTION 29 - DOMESTIC HELP

This service is one of the most vital of the domiciliary services; it contributes very largely to the elderly being able to maintain their own homes and independence when their physical powers begin to decline. That the staff of the Domestic Help Section require training to enable them to exploit fully their opportunities for helping the needy has been recognised nationally.

Plans are being drawn up to inaugurate a training programme in conjunction with the College of Technology so that the domestic help may be more easily recognised as an essential member of the domiciliary health and welfare team.

Help was provided for 2,447 cases, an increase of 185.

	Aged 65 or over on first visit in the year	Aged under 65 on first visit in the year				Total
		Chronic sick and tuberculous	Mentally disordered	Maternity	Others	
No. of Cases	1,797	99	23	292	236	2,447

When the financial circumstances of an applicant do not require the Committee to make a charge at the standard rate, what is to be paid for the domestic help provided is determined according to a scale.

Staff employed:-

	on 1.1.67	on 31.12.67
Full-time ...	21	23
Part-time ...	223	236
	<hr/> 244	<hr/> 259

SECTION 51 - MENTAL HEALTH

The work of the social and mental welfare officers continues in the same pattern as in previous years. Of the 598 persons who were referred to the department for mental health problems, 73 fewer than the previous year, the general practitioners drew our attention to 206 and the hospital out-patients services 63, being 27 less than the previous year. The total number of admissions to psychiatric hospitals is 382, being 28 less than the previous year. The other figures follow a similar pattern to previous years.

Subnormality

The original shortage of beds in hospitals for the subnormal continues to impose problems on the Authority's officers concerned with the adequate placement of some members of the community.

Southend & District Society for the Mentally Handicapped

This organisation continues to assist and encourage both the mentally handicapped and their parents. It conducts an occupation centre for adult males in accommodation provided by the Council, and shows much interest in the work of the Junior Training Centre. Equally important, it affords advice to relatives and stimulates public support and sympathy for this work.

Social Club for the Mentally Handicapped

The Tuesday evening social club for adult subnormal persons has continued to be very popular and fills a most valuable role in providing not only recreation, but some measure of useful training, for a number of those for whom, pending the establishment of an adult training centre, there is no other provision. It is maintained on a voluntary basis, with minimal financial assistance from the local authority, and its success is entirely due to the goodwill, time and effort generously given by a number of people, both members of the local authority staff and others. In particular, it owes a very great deal to Miss Hodgson and her successor without whose continued and unsparing support it is doubtful if the club could have achieved so much, or indeed, have remained in being.

Junior Training Centre

The work of the Centre continued throughout the year and 62 trainees were in attendance.

No. of patients referred to Local Health Authority during year ended 31.12.67

Referred by	Mentally Ill ,				Psychopath				Totals				Grand Total
	Under Age 16		16 and over		Under Age 16		16 and over		Under Age 16		16 and over		
	M	F	M	F	M	F	M	F	M	F	M	F	
General Practitioner	-	-	63	143	-	-	-	-	-	-	63	143	206
Hospital on discharge from in-patient treatment	-	-	21	47	-	-	-	-	-	-	21	47	68
Police	-	-	32	38	-	-	-	-	-	-	32	38	70
Relatives	-	-	23	37	-	-	-	-	-	-	23	37	60
Hospital during or after out- patient treatment	-	-	30	33	-	-	-	-	-	-	30	33	63
Personal Application	-	-	13	26	-	-	-	-	-	-	13	26	39
Other Sources	-	-	27	55	-	-	2	8	-	-	29	63	92
Totals	-	-	209	379	-	-	2	8	-	-	211	387	598

No. of patients under Community Care of Local Authority at home on 31.12.66 : 129

No. of patients under Community Care of Local Authority at home on 31.12.67 : 83

Admission to Hospital

Category	Informal		Section 29		Section 25		Section 26		Totals	
	M	F	M	F	M	F	M	F	M	F
Mental Illness	83	97	31	49	28	68	2	14	144	228
Psychopathic	1	-	1	3	-	3	-	2	2	8
Totals	84	97	32	52	28	71	2	16	146	236
1967	181		84		99		18		382	
1966	190		154		42		24		410	
1965	211		90		65		21		387	
1964	211		91		58		28		388	
1963	163		72		62		35		332	

Age Groups on Admission

	Under 21	21-30	31-40	41-50	51-60	61-70	71 and over	Totals
Male	12	22	31	24	18	15	24	146
Female	7	27	53	37	41	31	40	236
Totals 1967	19	49	84	61	59	46	64	382
Totals 1966	20	58	70	77	56	51	78	410

No. of patients referred to Local Health Authority during 1967

Referred by	Subnormal				Severely Subnormal				Totals
	Under Age 16		16 and over		Under Age 16		16 and over		
	M	F	M	F	M	F	M	F	
General Practitioners	-	-	-	-	-	-	-	1	1
Hospital on discharge from in-patient treatment	-	-	1	-	-	-	-	-	1
Hospital after or during out-patient treatment	-	-	-	-	-	1	-	-	1
Local Education Authority 57(4)	-	-	-	-	1	2	-	-	3
Police and Courts	-	-	-	1	-	-	-	-	1
Relatives	-	-	-	2	1	-	-	-	3
Transfers in from other Local Authorities	-	-	-	-	-	-	-	-	-
On leaving special school	-	-	-	-	-	-	-	-	-
Other sources	-	1	1	4	-	13	2	7	28
TOTALS	-	1	2	7	2	16	2	8	38
Totals 1966	4	1	5	21	7	4	1	2	45

Total Cases on Authority's Register at 31.12.67 and disposal

	Subnormal				Severely Subnormal				Totals
	Under Age 16		16 and over		Under Age 16		16 and over		
	M	F	M	F	M	F	M	F	
Attending Day Training Centre	6	1	1	5	26	29	7	22	97
Resident in Res. Training Centre	-	-	-	-	-	-	-	-	-
Receiving Home Training	-	-	-	-	-	-	-	-	-
Resident in L/A Home or Hostel	-	-	5	3	-	2	-	-	10
Resident at L/A Expense in other Res. Homes/Hostels	-	-	1	6	1	1	2	2	13
Resident at L/A Expense by boarding out in private household	-	-	-	-	-	-	-	-	-
Resident in their own homes (not attending Day Centre)	3	-	89	146	6	-	26	24	294
Total on Register at 31.12.67	9	1	96	160	33	32	35	48	414

Waiting Lists at 31.12.67

	<u>Male</u>	<u>Female</u>
No. of patients awaiting admission to Hospital	5	7
No. of patients awaiting admission to Junior Training Centre	2	-

Short-Term Care

Number of mentally subnormal persons for whom short-time care was arranged by the Local Health Authority under the Mental Health Act 1959.

	<u>Under Age 16</u>		<u>Aged 16 and over</u>	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
National Health Service Hospital	1	1	-	-
Elsewhere	5	13	4	17
	<u>6</u>	<u>14</u>	<u>4</u>	<u>17</u>

Patients employed at 31.12.67

	<u>Male</u>	<u>Female</u>
At Industrial Centre	8	-
In open employment	53	62

Social Club - over 16 years

Tuesday evenings 7 - 9.30 p. m.
Number attending 36

Age Groups in Community: Subnormal and Severely Subnormal at 31.12.1967

	<u>-16</u>		<u>16-20</u>		<u>21-30</u>		<u>31-40</u>		<u>41-50</u>		<u>51-65</u>		<u>65 and over</u>		<u>Total</u>
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	
S. N.	9	1	11	24	38	42	19	24	11	24	10	26	-	11	250
S. S. N.	32	29	5	15	10	16	11	7	5	5	3	2	-	1	141
Total 1967	41	30	16	39	48	58	30	31	16	29	13	28	-	12	391
Total 1966	41	33	26	52	36	42	27	31	13	29	9	30	1	3	373

NATIONAL HEALTH SERVICE ACT, 1946 PART IV

General Medical and Dental Services

Pharmaceutical Services and Supplementary Ophthalmic Services

The services provided under Part IV of the Act are controlled by the Local Executive Council, a body appointed by the Minister of Health. Certain members of the Council continue to serve on it, and there is a very pleasant relationship between these bodies.

The following extracts from the Report of the Local Executive Council for the year ended 31st March 1967 are included by kind permission of the Chairman, Dr. H. F. Hiscocks, to whom, as ever, I am much indebted.

"Membership - After 18 years of devoted service Mr. C. S. Anderson ceased to be a member but remained on the panel of Dental Practitioners appointed by the Council to serve on the Denture Conciliation Committee. Mr. Anderson was always ready with guidance and advice over matters concerning his profession and we are much indebted to him for all the help he gave us. His place on the Council was taken by Mr. E. P. Cutler. Dr. M. O. Waddell resigned in September 1966 and we welcomed Dr. C. A. G. Cato as his successor. During the year one of our members Mr. O. A. Moss completed 60 years in public service almost all of which was concerned with the health and welfare of the community. Tribute was paid to this outstanding record at the meeting of the Council in February. We are fortunate to have the services of one with such long experience.

The Annual Congress of the Royal Society of Health was held at Blackpool from 25th to 29th April 1966, and was attended by Mr. E. B. Bunting, our Clerk and myself. This was my first attendance and I was impressed by the size of the Congress and extensive range of the subjects covered. The Executive Council Section is attracting larger numbers and its meeting is an excellent opportunity for the expression of opinion and general discussion on Health Service matters by representatives of many interests in the field of Community Health. On this occasion there was a Symposium on 'The Future Role of Executive Councils'. Papers were read by Mr. A. S. Marre, C. B. Deputy Secretary, Ministry of Health, Dr. W. Marshall, President, Executive Councils' Association (England) and Mr. F. Hayter, Clerk, Cheshire Executive Council.

Medical Practice Accommodation - Following several meetings of the Working Party, convened by the Local Authority, on which the Local Medical Committee and our Council were also represented and about which I have made reference in my last two annual reports, a Report was received from the Medical Officer of Health setting out its findings and making special reference to the provision of Health Centres in general and in the central redevelopment of the Borough in particular. Copies of this Report were sent to all members. As a result of this the following resolution was passed by the Council - 'That the Executive Council would welcome the provision of practice accommodation in a Health Centre'. Greater interest in this subject and more rapid developments are taking place both locally and nationally, and I am sure there will be more to report in a year's time. In the meantime new purpose-built premises are receiving the attention of several partnerships.

Classification of Practice Areas at 31st March 1967. The classification of these areas was as follows:-

Designated	-	Southend-on-Sea and Thorpe Bay.
Open	-	Westcliff-on-Sea, Leigh-on-Sea and Eastwood.
Intermediate	-	Shoeburyness.

It is of interest to note that Southend and Thorpe Bay area has been 'Designated' continuously for 3 years till 1st January 1967, and, therefore, those medical practitioners whose main surgery premises are situated in the area qualify for the extra practice allowance.

Statistics - The estimated population of the County Borough on 1st July 1966 was 165,860, and the number of patients registered with medical practitioners as at that date 175,213 (105.64%) - a degree of inflation only a fraction less than in the previous year when the estimated population was 166,390. The number of persons registered with medical practitioners at 1st January 1967, however, increased to 175,577.

The number of doctors practising as principals whose names were included in the Medical List on 1st January 1967, was 86, a decrease of one. There was a total of 179,864 Essex and Southend patients registered with 70 Southend area doctors who gave unrestricted medical services. This gives an average of 2,569 patients per doctor at 1st January 1967, compared with 2,609 for 69 doctors at 1st January 1966.

This has been another year of increase in the amount of work both for our Staff and the members of the Council. With the many changes, financial and otherwise, in the administration of the Service this has been inevitable and is likely to continue. It was very gratifying, therefore, to have received in January a personal letter from Sir Arnold France, Permanent Secretary to the Minister of Health letting us know of the Minister's appreciation of the work being done by Councils and their staff in recent months. This applied particularly to ensuring that first payments under the new system of remuneration were made to general medical practitioners at the end of December. The Minister had asked that his thanks be conveyed to Clerks and their staff for the work they had done, and to all members of the Executive Council for the support they had given.

	Year ended <u>31.3.66</u>	Year ended <u>31.3.67</u>
<u>General Medical Services</u>		
Number of principal practitioners included in the List	87	87
Number of assistant practitioners employed by principals	2	-
Number of practitioners included in the Obstetric List	63	63
Number of trainee assistant practitioners	1	-
Number of persons included in doctors' lists	176,165	173,979
Number of persons registered as temporary residents	6,254	6,097
Total gross payments made to practitioners for General Medical Services	£280,053	£338,255
Total gross payments made to practitioners for Maternity Medical Services	£15,027	£16,221

	Year ended <u>31. 3. 66</u>	Year ended <u>31. 3. 67</u>
<u>Pharmaceutical Services</u>		
Total gross payments to pharmacists for Pharmaceutical Services	£526, 944	£559, 595
Total amount paid for Rota Services	£1, 829	£1, 524
Total amount of Statutory Charges to patients	£74	-
<u>General Dental Services</u>		
Number of principal practitioners included in the List	47	42
Number of assistant practitioners employed by principals	3	5
Total gross payments made to practitioners	£275, 296	£315, 050
Total amount of Statutory Charges to patients	£60, 599	£61, 985
<u>Supplementary Ophthalmic Services</u>		
Number of sight-test fees paid	32, 865	33, 294
Total gross payments for Ophthalmic Services	£108, 241	£109, 137
Total amount of Statutory Charges to patients	£41, 110	£41, 066

INFECTIOUS DISEASES

Scarlet Fever	166
Whooping Cough	103
Measles	1, 459
Dysentery	45
Acute pneumonia	28
Erysipelas	11
Food Poisoning	24
Respiratory Tuberculosis	29
Non-respiratory Tuberculosis	8
Puerperal pyrexia	3
Ophthalmia neonatorum	3
Infectious hepatitis	35
Acute encephalitis	4

There were again no notifications of diphtheria or poliomyelitis during the year; there was one case of typhoid and one case of para-typhoid notified. The typhoid case was a resident of another Authority that was diagnosed in Westcliff Hospital and hence the notification. The para-typhoid occurred in a man who returned from holiday in Spain; no further cases were discovered.

There was one unusual notification, that being a case of malaria which occurred in a young man. He had been hitch-hiking around the world and had returned from New Zealand two months before his attack of malaria. This was certainly contracted outside this country.

There were 69 cases of food poisoning and infections with the dysentery group of organisms. There was no spread beyond the family in any of these cases and it is probable that a good deal of mild food poisoning is not notified.

TUBERCULOSIS

Dr. E.G. Sita-Lumsden, consultant physician for tuberculosis, and the staff at the Lancaster House Chest Clinic have been kind enough to furnish much of the information presented in this section.

Notifications

(a) Respiratory

Persons notified totalled 51 of whom 23 males and 7 females were Southend residents, representing a decrease of 9 while there were 6 fewer inward transfers. Although it is reassuring to observe that nearly half the notifications were of persons who contracted the disease while living elsewhere, as will be seen from the table, 7 men and 2 women between the ages of 25 and 45 were ordinarily resident here, so attempts to prevent tuberculosis must be unremitting.

(b) Non-respiratory

Non-respiratory conditions occurred in 6 men and 2 women, sited as follows:-

	<u>Male</u>	<u>Female</u>
Cervical glands	1	1
Meninges	1	-
Kidney	3	-
Pharyngeal abscess	-	1
Inguinal abscess	1	-

Deaths

There were 2 male and 3 female deaths from respiratory disease, the same total as in 1966 and no deaths from non-respiratory conditions.

Respiratory

Male aged 64	Notified 6.6.66. Had had chest X-ray 16 years previously - told he had a shadow (possibly tuberculosis) but did nothing about it. In hospital from 8.6.66 to 22.10.66. Discharged at his own request - depressed. Continued attendance at Lancaster House Chest Clinic, refused to return to hospital. Mild congestive cardiac failure diagnosed 30.3.67: died 4 days later.
Male aged 67	Admitted to Rochford General Hospital 11.10.67. (Notified 16.10.67). Died two weeks later.
Female aged 46	Re-notified 10.2.65. (in London). Originally notified in 1942 (London) and recovered in March 1963. Removed to Southend May 1966, died 5.7.67.
Female aged 53	Notified 17.11.54. Under surveillance until 1960 when she failed appointments and said she would not attend again. Referred again by G.P. in March 1963. Readmitted to Rochford General Hospital 9.3.64 until 25.3.64 for treatment of Cor Pulmonale and anaemia. Did not attend at Lancaster House Chest Clinic after 13.10.64. Died 22.1.67.
Female aged 64	Notified 21.3.67. Grossly advanced bilateral Pulmonary Tuberculosis with multiple cavities. In Rochford General Hospital 13.3.67-23.9.67. Discharged to Nursing Home. Died 9.10.67 in Southend General Hospital.

Tuberculosis Notifications and Deaths

Age Group	Males								Females							
	Respiratory				Non-Respiratory				Respiratory				Non-Respiratory			
	Primary Notifications	Inward Transfers	Total	Deaths	Primary Notifications	Inward Transfers	Total	Deaths	Primary Notifications	Inward Transfers	Total	Deaths	Primary Notifications	Inward Transfers	Total	Deaths
0	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
1	-	1	1	-	1	-	1	-	-	-	-	-	-	-	-	-
5	2	-	2	-	-	-	-	-	2	1	3	-	-	-	-	-
15	2	1	3	-	-	-	-	-	1	-	1	-	-	-	-	-
25	5	4	9	-	-	-	-	-	-	1	1	-	-	-	-	-
35	2	-	2	-	1	-	1	-	2	1	3	-	1	-	1	-
45	3	3	6	-	2	-	2	-	-	1	1	2	-	-	-	-
55	4	1	5	1	2	-	2	-	1	-	1	1	1	-	1	-
65	3	6	9	1	-	-	-	-	1	1	2	-	-	-	-	-
75	* 1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Totals	*23	16	*39	2	6	-	6	-	7	5	12	3	2	-	2	-

* Including one posthumous notification

Respiratory Tuberculosis

Primary Notifications Classified According to Age Groups

Age Groups	1960		1961		1962		1963		1964		1965		1966		1967	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-
1	-	-	1	-	1	-	2	-	-	3	-	-	1	1	-	-
5	2	2	1	1	1	3	1	4	3	1	1	-	2	2	2	2
15	7	13	3	7	4	5	7	6	3	3	3	3	3	1	2	1
25	3	6	7	4	4	3	4	3	3	3	1	2	1	3	5	-
35	5	1	2	4	8	2	5	5	3	3	2	6	2	2	2	2
45	4	3	7	4	8	2	6	4	4	1	9	1	4	1	3	-
55	10	2	5	1	11	2	5	-	6	-	6	1	4	-	4	1
65	2	1	7	1	-	2	7	1	3	1	7	1	5	1	3	1
75	7	1	1	-	2	2	2	2	-	1	2	2	3	3	1	-
	40	29	34	22	39	21	39	26	25	16	31	16	25	14	23	7
Totals	69		56		60		65		41		47		39		30	

Work of the Chest Clinic 1967

	Respiratory				Non-Respiratory				Totals				Grand Totals
	Adults		Chldn.		Adults		Chldn.		Adults		Chldn.		
	M	F	M	F	M	F	M	F	M	F	M	F	
No. of notified cases on clinic register at 1st January	400	280	5	20	9	54	5	1	409	334	10	21	774
Transfers from clinics outside area during year	15	4	1	1	-	-	-	-	15	4	1	1	21
Children transferred to adult register during year	-	2	-	-	-	-	-	-	-	2	-	-	2
No. of new cases diagnosed during year:													
T.B. negative	3	-	2	-	2	1	1	-	5	1	3	-	9
T.B. positive	16	5	1	2	3	1	-	-	19	6	1	2	28
Totals	434	291	9	23	14	56	6	1	448	347	15	24	834
No. of cases written off clinic register during the year:													
Recovered	21	22	1	-	-	3	-	-	21	25	1	-	47
Died (all causes)	13	5	-	-	1	1	-	-	14	6	-	-	20
Removed to other clinic areas	13	11	-	-	-	-	-	-	13	11	-	-	24
Children transferred to adult register	-	-	-	2	-	-	-	-	-	-	-	2	2
Other reasons	1	-	-	-	-	-	-	-	1	-	-	-	1
Totals	48	38	1	2	1	4	-	-	49	42	1	2	94
No. of notified cases on clinic register at 31st December	386	253	8	21	13	52	6	1	399	305	14	22	740
No. of above known to have had positive sputum during year	18	8	-	-	-	-	-	-	18	8	-	-	26
No. of persons(excluding transfers) first examined during the year	-	-	-	-	-	-	-	-	823	601	105	100	1629
No. of those who attended as contacts and who were diagnosed as:													
Tuberculous	-	-	-	-	-	-	-	-	1	-	4	-	5
Not tuberculous	-	-	-	-	-	-	-	-	143	86	19	21	269
Not determined as at 31st December	-	-	-	-	-	-	-	-	-	-	-	-	-

Cases on Register at 31st December

Year	Respiratory				Non-Respiratory				Totals				Grand Totals
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
1967	386	253	8	21	13	52	6	1	399	305	14	22	740
1966	400	280	5	20	9	54	5	1	409	334	10	21	774
1965	403	278	5	17	7	51	5	-	410	329	10	17	776
1964	396	283	6	21	6	51	6	-	402	334	12	21	769
1963	397	283	6	23	5	44	6	-	402	327	12	23	764
1962	394	284	5	20	5	41	6	-	399	325	11	20	755
1961	397	295	8	22	5	39	7	1	402	334	15	23	774
1960	389	303	10	27	7	44	10	2	396	347	20	29	792
1959	390	301	10	26	10	46	10	3	400	347	20	29	796
1958	383	304	11	17	12	48	9	3	395	352	20	20	787

Mass Radiography

The Unit came to Southend on two occasions, the first at the end of February when industrial and business concerns in the western area were visited and public sessions held at Leigh Community Centre. It returned in October, being situated in the car-park at the rear of the Civic Centre for the examination of Corporation staff from October 9th - 17th, then visiting industrial concerns between October 17th and 31st before moving to a site at Victoria Circus immediately south of the pedestrian crossing, where it remained until December 5th.

As in former years, a letter, signed jointly by the Consultant Chest Physician and the Medical Officer of Health, was sent to general practitioners, informing them of the Unit's presence and suggesting the referral of appropriate patients.

A special letter of invitation was sent to school teachers and ancillary staff, advising any in the following categories to attend:-

- (a) those who had had no chest X-ray examination within the last five years;
- (b) women under the age of 34 and men over 45;
- (c) all supply teachers who had not been X-rayed within the last two years;
- (d) those with any history of any chest trouble, persistent cough, loss of weight or lassitude;
- (e) known diabetics and those with a history of persistent indigestion.

Special sessions were arranged, terminating at 4.30 p.m. to accommodate school staff, but these were swamped by an enormous response, it being possible for only a quarter of the applicants to be given appointments. The Unit staff kindly agreed to make an extra day available during half-term, when a further 284 were X-rayed, but the balance of 456 had, perforce, to be referred to public sessions.

CANCER

Deaths associated with malignant disease decreased slightly, there being 508 compared with 575 in the previous year. There is no special significance in this, or in the general pattern of distribution. The primary sites of the disease were as follows:

	<u>Male</u>	<u>Female</u>
Skin	2	2
Lips, Mouth, Tongue, etc.	3	6
Larynx, Bronchus, Lungs, Mediastinum	95	25
Oesophagus	3	8
Stomach	34	23
Small Intestine	-	1
Caecum, Colon	19	24
Rectum	9	12
Gall Bladder, Bile Ducts, Liver	4	4
Pancreas	8	13
Kidney, Supranenal	3	-
Bladder, Urethra	21	7
Prostate	23	-
External Genitalia	2	4
Uterus	-	14
Ovary	-	14
Breast	-	59
Brain, Spinal Cord	6	3
Eye	-	-
Bone	1	-
Thyroid	-	3
Lymph Glands	2	1
Leukaemia	5	10
Miscellaneous or Not Ascertained	16	19
	<hr/>	<hr/>
	256	252
	<hr/>	<hr/>

There were three deaths of persons under the age of 35 years, as follows:-

Male	25 years	Hepatoma
Male	21 years	Seminoma
Female	28 years	Reticulosis

VENEREAL DISEASES

Dr. A.R. Wisdom, consultant venereologist, has been kind enough to supply the statistics of the work done in the hospital clinics. The figures locally have remained much as the previous year against the background nationally of increased rates, particularly for gonorrhoea.

It is still unusual to find a sero-positive ante-natal mother but constant vigilance is required to ensure that the very occasional patient will not be missed.

Newspaper advertisements continue to be displayed each month setting out the days and times of the clinic sessions, as this continues to be a most valuable facet of health education.

	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>
New cases (Syphilis)	13	10	18	4	3	9	16	14	6	6
New cases (Gonorrhoea)	37	66	47	45	76	132	119	98	77	92
New cases (other venereal conditions)										431
Total attendances	3143	2886	3082	2683	2247	2248	2147	2044	2284	2565

CREMATORIUM

During the year 2,496 cremations were carried out at the Southend-on-Sea Crematorium.

CHILDREN IN NEED

Joint Circular of July 31st 1950
Ministry of Health Circular 27/54 "Prevention of Break-up of Families".

The work of this conference has shown very little change, although our meetings have been as helpful as ever. During the year 95 families were considered by the conference, involving 134 agenda items.

NURSERIES AND CHILD MINDERS (REGULATION) ACT, 1948

Arrangements under this Act were fully described and discussed in the Annual Report 1950, pp 81 and 82. No serious contraventions were found during the year, and conditions were generally reported to be satisfactory.

All premises at which it is proposed to use an oil burning space heater are inspected by the chief fire officer and compliance with his requirements is made a condition of registration. The assistance we receive in this matter is gratefully acknowledged.

REGISTRATION OF PREMISES (SECTION 1(i) (a))

Registrations in force January 1st 1967	19
Registrations in force December 31st 1967	24
Applications not proceeded with	6
Total number of children "permitted" at December 31st 1967	647
Number who ceased attendance at registered premises	446
Total number of children under supervision during the year	1001
Total visits of inspection	222

REGISTRATION OF PERSONS (SECTION 1(i) (b))

Registrations in force January 1st 1967	47
Registrations made during year	25
Registrations cancelled by consent during year	22
Registrations in force December 31st 1967	48
Applications not proceeded with	11
Number of children "permitted" at December 31st 1967	331
Number of children "withdrawn" from minders	233
Total children under supervision during year	471
Total visits of inspection	406

1. Of the 48 Registrations in force at December 31st, only 17 take children for the whole day, Mondays to Fridays and cater for 58 "strange" children.

2. There is a separate list of known persons, approved by health visitors, not subject to registration. Total on list 33, number of children's places 57.

PUBLIC HEALTH (AIRCRAFT) REGULATIONS 1966
ALIENS ORDER 1953
COMMONWEALTH IMMIGRANTS ACT 1962

The following table of customs movements of aircraft and passengers is reproduced by courtesy of the Airport Commandant:-

	<u>Movements</u>		<u>Passengers</u>	
	<u>In</u>	<u>Out</u>	<u>In</u>	<u>Out</u>
January	889	892	5,595	5,141
February	784	780	4,304	4,372
March	1,214	1,207	11,159	12,300
April	1,303	1,304	20,526	21,166
May	1,784	1,787	30,960	43,318
June	2,253	2,252	49,663	52,865
July	2,481	2,472	65,175	70,699
August	2,417	2,422	73,401	69,346
September	1,970	1,978	56,958	44,584
October	1,280	1,261	17,112	11,050
November	752	754	4,663	4,919
December	658	655	6,264	7,146
	<u>17,785</u>	<u>17,764</u>	<u>345,780</u>	<u>346,906</u>

These figures relate to customs movements and do not include internal flights within the United Kingdom. There was a substantial increase over the previous year, aircraft movements being 35,549 compared with 26,099 and passenger movements 692,686 compared with 547,930.

Although the medical staff of the Health Department hold warrants as medical inspectors of aliens and commonwealth immigrants, these duties are normally carried out by a panel of general practitioners who are remunerated in accordance with a scale of fees when they are summoned to the airport, either by the Immigration Officers in respect of these statutory duties, or by the Airport Control Staff in respect of ordinary calls for medical aid in cases of accident or illness.

At the present time there are six general practitioners who hold warrants as medical inspectors. The Airport Health Authority has no permanent staff on duty at the airport and the present volume of work would not justify full time medical "cover". Although a substantial number of aliens and commonwealth immigrants enter the country via Southend Airport, the majority of them are short-stay holiday visitors. There has however, been some increase in the number of those who intend to stay in this country longer than six months, or who for other reasons are within the specified categories whom the Immigration Officer may refer for medical examination. Hitherto the number actually referred for examination has been very small, but there is reason to think that it will increase. The period covered by this report does not include the coming into

force of the Commonwealth Immigrants Act 1968, which became operative on the 1st March, 1968, but it appears likely that it may be necessary to review the adequacy of the present medical arrangements at the Airport. Apart from new developments there has been some alteration in the pattern of arrival of immigrants who may be subject to medical inspection. In the past the majority of overseas traffic at the airport consisted of charter flights, the composition of which could be ascertained in advance, thus making it possible for the immigration officer to give prior notice to a medical inspector that his attendance would be required. The traffic now consists largely of scheduled air services, any of which may contain "referrable" aliens or commonwealth immigrants, and medical services may be called for at short notice, possibly at times when general practitioners are out visiting or engaged in busy surgeries. No special health problems arose during this year.

Reference will be found in the section dealing with the work of the public health inspectors, to the freight traffic at the airport which includes a considerable amount of imported foodstuffs which are subject to inspection.

MEDICAL REPORTS

In last year's report reference was made to the decision to discontinue routine medical examinations as a condition of admission to the superannuation scheme, retaining it only for special categories of employees and any who were recommended for examination after scrutiny of their medical history by the medical officer.

These arrangements have been operative since May 1966 and in that year 425 prospective employees and candidates for teachers' training colleges were examined and 724 were dealt with by completion of a health questionnaire. In 1967 there were 403 examinations, and 1428 cases dealt with by questionnaire. It is apparent that there has been a considerable increase in the "turnover" of Corporation staff this year. This is most evident in the Education, Borough Engineer's, and Transport Departments, as is shown in the following table:-

<u>Department</u>	<u>Medical Questionnaires</u>	<u>Medical Examinations</u>	<u>Sick Pay Reports</u>
Airport	20	18	1
Architect's	17	-	-
Catering	100	3	3
Cemeteries	1	-	-
Children's	15	1	-
Cleansing	43	7	130
Education	688	102	27
Candidates for Teachers' Training Colleges	-	202	-
Engineer's	112	11	53
Entertainments	2	-	-

<u>Department</u>	<u>Medical Questionnaires</u>	<u>Medical Examinations</u>	<u>Sick Pay Reports</u>
Fire	9	26	8
Housing	6	-	-
Justices' Clerk's	5	-	-
Libraries	20	2	-
Parks	52	7	14
Pier and Foreshore	10	3	13
Police (civilian)	33	2	-
Public Health	24	11	1
Town Clerk's	17	-	3
Transport	218	4	11
Treasurer's	31	-	-
Weights and Measures	-	-	-
Other Local Authorities	5	4	-

NURSING HOMES

Homes on Register at end of year		No. of beds provided		
		Maternity	Other	Total
13 Cobham Road	Aylward	-	12	12
46 The Broadway, Thorpe Bay	Broadway	-	6	6
39 Imperial Avenue	Langley-Lodge	-	23	23
174 Kings Road	Leigh	-	11	11
25 Chalkwell Esplanade	Lulworth Court	-	20	20
77 Wimborne Road	Oak House	-	16	16
54 Salisbury Road	Salisbury House	9	-	9
122 Crowstone Road	Trenow House	-	16	16
407 Westborough Road	Two Ways	-	8	8
		9	112	121

CO-ORDINATION AND CO-OPERATION

Association between the department and hospitals as well as with general practitioners has been cordial and progressive for a long time. Prior to 1948 appointments to the consultant staff at the Municipal Hospital were invariably restricted to the specialists of the Southend General Hospital. In addition, members of the Council have been nominated for the appropriate hospital management committees and the local executive council, your medical officer of health or his deputy have served on all of them.

Accommodation has been made available for some hospital purposes such as school ophthalmology, orthoptics and occupational therapy, and there has been joint employment of speech therapists and physiotherapists. The deputy medical officer of health has for many years been clinical assistant to the consultant paediatrician (who is also appointed to the open air school) and in 1967 the assistant deputy medical officer of health and the senior assistant medical officer of health were similarly appointed.

Since 1948 all the council's ante-natal clinics have been staffed by the hospital consultants and registrars, while Part I midwifery pupils have been taught there. Women have always been able to come to the clinics without referral by their medical practitioners but in recent years much use has been made of these facilities by local doctors, with whom some of the ante-natal care is shared. The selection of patients for admission to the maternity unit is very largely made by the hospital consultants through the ante-natal clinics and they are furnished with social and environmental reports by the health visitors. "Early elective discharge" the system whereby women can be delivered in hospital, discharged home within as short a period as twelve hours and subsequently cared for by your domiciliary midwives, has become popular and much sought after. The arrangements are made early in pregnancy, there is full association of the midwives in the appropriate ante-natal care, they are consulted as to the suitability of the home to which the mother and her baby are to be returned, and the department pays special attention to the provision of home help and the continued midwifery service to the patient.

The hospitals also have close contact with the home nursing service, and co-operation is very satisfactory. There is a substantial number of old people in this area for which reason it has been advantageous to unify the welfare and mental health activities of the department and to employ staff who undertake both responsibilities. The social and mental welfare officers visit the psychiatric out-patient sessions and attend case conferences at the hospitals. Community care is afforded at the request, and on the advice, of the psychiatric consultants. The assistance we receive from them and from the other "approved" practitioners is invaluable in the discharge of difficult duties and the acceptance of much personal responsibility.

Nor has the general practitioner been forgotten. For at least forty years one has been co-opted to the Health Committee and since 1948 the local medical committee has made the nomination. It is not at present practicable to allocate health visitors, district nurses or domiciliary midwives to specified practices, but direct contact between the medical profession and their ancillary colleagues is encouraged and very well developed. With few exceptions the doctors at your infant welfare centres have always been general practitioners. The fact that the department is responsible for welfare leads many practitioners to seek assistance for individual patients, and representations are constantly made regarding those

for whom the essential hospital admission cannot be obtained. It is not too much to say that your officers have admitted to your Part III accommodation some people who ought properly to have been in hospital, and general practitioners are grateful for the assistance we have given.

Following the report of the working party, set up in association with the local executive council and the local medical committee, plans were begun for the building of a Health Centre at Shoeburyness.

PUBLIC MORTUARY

The Hospital Management Committee provide facilities for public mortuary accommodation at the hospital, an arrangement which has worked satisfactorily and which has relieved the department of certain administrative difficulties.

It is pleasant to acknowledge this assistance, and to express appreciation of the help we have received from the consultant pathologists and staff and the hospital administration.

The costs are shared proportionately.

Mr. E. A. Ellis, M.R.S.H., M.A.P.H.I. - Chief Public Health Inspector reports:-

The following is a statistical report of the work carried out by the public health inspectors' section of the department during 1967.

Complaints

<u>No. Received</u>	<u>Notices Served</u>		<u>Prosecution</u>
	<u>Informal</u>	<u>Formal</u>	
1617	408	46	0

Food & Drugs

<u>Complaints re Food</u>	<u>Prosecutions</u>	<u>Total Fines Imposed</u>
49	25	£301

Sampling

<u>Samples Taken</u>		<u>Result</u>
General Food - Chemical Analysis	367 Informal	9 Unsatisfactory *
	13 Formal	
<u>Milk</u>		
Phosphatase	158	Satisfactory
Turbidity	46	"
Methylene Blue	158	"
Brucella Abortus	Nil (No untreated milk sold)	
<u>Ice Cream</u>	346	Grade I 298 Grade II 12 Grade III 20 Grade IV 16
<u>Shellfish</u>	357	Satisfactory
<u>Liquid Egg</u>	5	"

* In the majority of these cases the labelling of the food was open to criticism and the matter was taken up with the manufacturer. One case involving the presence of foreign matter in instant coffee resulted in the retailer being fined £20 with £5 costs.

Food Hygiene (General) Regulations, 1960

Number of premises to which the Regulations apply:

Greengrocers	141
Butchers	123
Grocers	275
Confectioners	245
Fishmongers	72
Bakers & Flour Confectioners	75
Cafes	248

Licensed Premises	134
Ice Cream Manufacturers	7
Hotels & Boarding Houses	128
Canteens	92
Dairies	4
Miscellaneous	139
	<hr/>
Total	1,683
	<hr/>

All the premises comply with Regulation 16, requiring the provision of washbasins and Regulation 19, requiring the provision of sinks, is complied with in the 1,668 premises to which it applies.

Food Inspection

Over 36 tons of imported food was inspected at the Airport during the year and all was found to be satisfactory. Over seven tons of miscellaneous foodstuffs were surrendered by food retailers as being unfit for human consumption.

Liquid Egg (Pasteurisation) Regulations, 1963

1.	Number of egg pasteurisation plants in the district	0
2.	Number of samples of liquid egg submitted to the	
	Alpha - Amylase test	5
	Number unsatisfactory	0

Poultry Inspection

Number of poultry processing premises within the district - Nil.

Regulations and Licencing

Milk & Dairies (General Regulations, 1959)

Distributors of Milk	208
Dairies	3

Milk (Special Designation) Regulations, 1963-1965

Dealers Untreated Milk Licences	1
Dealers Pasteurisers Licences	2
Pre-packed Milk Licences	226

Food & Drugs Act, 1955 Section 16

Registration for sale, manufacture or storage of ice cream	457
Preparation of sausages or potted, pressed, pickled or preserved food.	147

Southend-on-Sea Corporation Act, 1947

Premises registered for sale of Shellfish	26
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Caravan Sites & Control of Development Act, 1960

Site Licenced 1

Rag, Flock and Other Filling Materials Act, 1951

Premises Registered 8

Number of samples analysed 8

Pet Animals Act, 1951

Premises Registered 20

Riding Establishments Act, 1964

Premises Registered 1

Animal Boarding Establishments Act, 1963

Premises Registered 3

Diseases of Animals (Waste Food) Order, 1957

Premises Licenced 2

Pharmacy & Poisons Act, 1933

Persons registered 161

Inspections Carried Out

	<u>No. of Visits</u>	<u>Defects Found</u>	<u>Notices Served</u>
Food Premises	6, 277	288	144
Shellfish Dealers	495	6	6
Food Inspection at Airport	116	-	-
Merchandise Marks Act, 1926	123	-	-
Pharmacy & Poisons Act, 1933	36		
Offices, Shops & Railway Premises Act, 1963	1, 561	296	223
Dirty & Verminous Premises	148	-	-
Caravan Sites & Control of Development Act, 1960	15	-	-
Rodent Control	2, 686	374	-
Pet Animals Act, 1951	64	-	-
Clean Air Act, 1956	953	1	2
Diseases of Animals Act, 1950	96	-	-
Diseases of Animals (Waste Food) Order 1957	4		
Houses in Multiple Occupation	1, 561	271	40
Infectious Disease Control	328		
Noise Abatement Act, 1960	454	1	1
Places of Public Entertainment	4	-	-
Prevention of Damage by Pests Act, 1949	301	9	5
Rehousing Enquiries	159	-	-
Riding Establishments	8	-	-
Schools (Sanitary accommodation)	36	-	-
Swimming Pools	7	-	-

Housing

Houses in Multiple Occupation

There are now in the Borough 182 houses which are let as houses in multiple occupation to three or more families. Forty-nine of these houses are subject to directions made under Section 19, Housing Act, 1961 which limit the number of persons who may be accommodated having regard to the amenities available.

Unfit Houses

During the year one clearance order was made involving four houses. Three houses were the subject of demolition orders and a closing order was made in respect of one basement flat.

Repair of Houses

Three hundred and sixty four houses were made fit during the year following the services of notices under the Public Health Acts.

Pest Control

During the year 374 properties were found to be infested by rodents and the appropriate treatment was carried out.

Pigeon control work was carried out by a contractor using trapping methods and 302 pigeons were taken.

Fertilizer & Feeding Stuffs Act, 1926

Twelve sample were taken under the above Act and one sample of fertilizer was found not to comply with the legal standard. The matter was taken up with the retailer.

Factories Act, 1961

<u>Inspections</u>	<u>Number on Register</u>	<u>Number of Inspections</u>	<u>Number of Written Notices</u>
(a) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by the local authority	23	10	-
(b) Factories not included in (a) to which Section 7 applies	471	350	2
(c) Other premises in which Section 7 is enforced by the local authority (excluding out-workers' premises)	9	8	-
	<u>503</u>	<u>368</u>	<u>2</u>

<u>Defects found</u>	<u>Number of cases in which defects were</u>	
	<u>Found</u>	<u>Remedied</u>
Want of cleanliness	5	-
Overcrowding	-	-
Unreasonable temperature	-	-
Inadequate ventilation	2	-
Lighting	-	-
Ineffective drainage of floors	-	-
Sanitary conveniences		
(a) insufficient	-	-
(b) unsuitable or defective	12	4
(c) not separate for sexes	2	1
Other offences against the Act (not including offences relating to Outwork)	9	9
	<u>30</u>	<u>14</u>

No prosecutions were necessary

Outworkers

The Factories Act requires the names and addresses of all persons carrying on certain occupations in their own houses to be notified by the employers. Houses where work is carried on are inspected and a total of 97 visits were made for this purpose.

<u>Nature of Work</u>	<u>Work-people</u>
Wearing apparel	70
Plastic toys and fancy goods etc.	24
Cabinet-making	26
Umbrellas	1
	<u>121</u>

Offices, Shops and Railway Premises Act, 1963

The total number of premises registered under the Act at the end of 1967 was 1873 and 1561 visits were made to registered premises during the year. Notice was served in respect of 271 contraventions.

Contraventions

Failure to comply with the Act in respect of the following was brought to the notice of registered premises -

Adequate space	6
Provision of thermometer	47
Provision, cleanliness and lighting of sanitary accommodation	12
Provision of washing facilities and hot water	32
Provision of signs on sanitary accommodation	-
Provision of handrail	16
Provision of first aid equipment	33
Provision of heating	5
Posting of Abstract	75
Guarding of dangerous machines	18
Facilities for taking meals	2
Cleanliness	12

Accidents

During the year 41 accidents were reported none of which was fatal. The establishments in which they occurred are as follows:-

<u>Offices</u>	<u>Retail Shops</u>	<u>Warehouses</u>	<u>Catering Establishments</u>
6	28	4	3

NATIONAL ASSISTANCE ACT, 1948

I am indebted to Mr. E.A. Beasant, M.B.E., F.I.S.W., Chief Welfare Officer, for the information contained in the following reports: -

WELFARE SERVICES

The Welfare Section of the Health Department continued to be responsible for general welfare, mental health field work and community care and the Home Help Service. This unified service continued to operate effectively and economically.

The Seebohm Report is anticipated in 1968 and it would seem that there will be changes recommended in the structure and organisation of the Welfare Services to provide for an individual's immediate and long-term needs.

The services for the blind, partially sighted, for the deaf and for the physically handicapped have continued as in previous years.

PART III ACCOMMODATION

It is pleasant to record that the sixth purpose-built hostel type Home was opened at Priory House and that at the end of the year there were 862 persons being cared for in accommodation provided under Part III of the National Assistance Act. Of this number 183 were resident in voluntary Homes.

The increasing average age of the residents in the Homes is a trend which continues and there are now more than a third over the age of 85 and 101 over the age of 90.

There has been an expansion of the short term care arrangements which, in recent years has been a feature of endeavour in this field. There were 57 such provisions as against 28 last year and this is a number which it is hoped will increase in the future.

One wishes to record yet again our thanks to the many voluntary bodies and individuals who do so much for the residents in our care; to Toc H for regular film shows, maintenance of the library, the trolley shop at Roche Close and the many outings and the use of the coach which they organise. The excursions and the entertainment provided by the Hospital Ladies Working Party, the Inner Wheel, as well as the Rochford and Shoebury Branches of the British Legion, are equally helpful. Much is owed to the Ministers of all religious denominations who not only meet the spiritual needs of the residents but associate themselves so closely with the social life of the Homes.

ACCOMMODATION PROVIDED PURSUANT TO PART III
NATIONAL ASSISTANCE ACT 1948

Accommodated in	Persons resident on:										
	5.7 1948	31.12 1958	31.12 1959	31.12 1960	31.12 1961	31.12 1962	31.12 1963	31.12 1964	31.12 1965	31.12 1966	31.12 1967
Roche Close	213	327	328	323	291	298	310	316	310	312	305
Crowstone House	-	57	55	58	52	57	60	60	58	59	58
Pantile House	-	61	60	62	58	61	63	60	61	65	61
Whittingham House	-	-	-	-	60	61	62	62	63	62	61
Delaware House	-	-	-	-	19	59	59	60	58	60	60
Brook House	-	-	-	-	-	-	-	-	-	60	60
Priory House	-	-	-	-	-	-	-	-	-	-	59
Other Local											
Authorities Homes	25	18	17	16	18	17	20	15	13	13	15
Voluntary Homes under Section 26	23	106	105	112	127	137	137	153	172	176	183
Totals	261	569	565	571	625	690	711	726	735	807	862

PERSONS MAINTAINED BY LOCAL AUTHORITY IN
PART III ACCOMMODATION DURING 1967

Accommodation Provided in	Resident on 1.1.67		Admitted during year		Discharged during year		Died during year		Remaining on 31.12.67	
	M	F	M	F	M	F	M	F	M	F
HOMES OF LOCAL AUTHORITY										
Roche Close	66	246	76	171	67	122	12	53	63	242
Rochford										
Crowstone House	-	59	-	11	-	11	-	1	-	58
Westcliff										
Pantile House	28	37	16	11	7	3	11	10	26	35
Southend-on-Sea										
Whittingham House	21	41	11	25	7	21	4	5	21	40
Southend-on-Sea										
Delaware House	20	40	9	19	7	16	2	3	20	40
Shoeburyness										
Brook House	20	40	5	12	5	7	-	5	20	40
Eastwood										
Priory House	-	-	23	63	10	13	-	4	13	46
Southend-on-Sea										

Continued on next page

Accommodation Provided in	Resident on 1.1.67		Admitted during year		Discharged during year		Died during year		Remaining on 31.12.67	
	M	F	M	F	M	F	M	F	M	F
HOMES OF OTHER										
LOCAL AUTHORITIES										
Chester City Council	-	1	-	-	-	-	-	-	-	1
Essex County Council	-	-	-	3	-	-	-	-	-	3
Kesteven County Council	2	-	-	-	-	-	1	-	1	-
Norfolk County Council	-	3	-	-	-	-	-	1	-	2
Cambridgeshire and Isle of Ely County Council	-	1	-	-	-	-	-	-	-	1
Worcester County Council	-	1	-	-	-	-	-	-	-	1
London Borough of Newham	1	-	-	-	-	-	-	-	1	-
London Borough of Southwark	-	-	-	1	-	1	-	-	-	-
London Borough of Havering	-	1	-	-	-	-	-	-	-	1
London Borough of Harrow	-	1	-	-	-	-	-	-	-	1
London Borough of Tower Hamlets	1	-	-	-	-	-	-	-	1	-
London Borough of Haringey	-	-	-	1	-	-	-	-	-	1
County Borough of Bournemouth	-	1	-	-	-	-	-	-	-	1
VOLUNTARY HOMES										
UNDER SECTION 26:										
Homes for Epileptics	2	3	-	-	1	-	-	-	1	3
Homes and Hostels for the Blind	1	13	1	4	1	1	1	1	-	15
Chaltonholme, Westcliff	-	15	-	4	-	4	-	3	-	12
Sandringham, Westcliff	7	19	1	2	2	4	1	1	5	16
Dowsetholme, Southend	-	8	-	-	-	-	-	3	-	5
St. Martin's, Westcliff	-	19	-	5	-	3	-	1	-	20
Millfield, Prittlewell	-	8	-	2	-	-	-	3	-	7
Victoria Oppenheim House, Westcliff	3	12	2	2	1	-	-	2	4	12
St. Edith's, Leigh	-	3	-	-	-	1	-	-	-	2
Cripplecraft, Herne Bay	-	1	-	-	-	-	-	-	-	1
Eastwood Lodge, Eastwood	1	2	-	3	-	-	-	-	1	5
Jewish Home & Hospital at Tottenham, London N.15	-	1	-	-	-	-	-	-	-	1
Home for Aged Jews London S.W.12	-	4	-	-	-	-	-	1	-	3
Royal Hospital & Home for Incurables London S.W.15	-	1	-	-	-	-	-	-	-	1
Nazareth House, Southend	8	20	6	5	1	4	3	-	10	21
Alexandra House, Dovercourt	-	1	-	-	-	-	-	-	-	1
Winsford House, Clacton	-	2	-	1	-	-	-	-	-	3

Continued on next page

Accommodation Provided in	Resident on 1.1.67		Admitted during year		Discharged during year		Died during year		Remaining on 31.12.67	
	M	F	M	F	M	F	M	F	M	F
Cheshire Foundation Home, Copthorne	-	1	-	-	-	-	-	-	-	1
The Dell Rest Home Oulton Broad	-	1	-	1	-	-	-	-	-	2
"High Park", Westcliff	-	3	-	1	-	1	-	-	-	3
West Ham Central Mission London E.13	-	2	-	-	-	-	-	-	-	2
British Home & Hospital for Incurables, Streatham S.W.16	-	1	-	-	-	-	-	-	-	1
Coombe Farm Residential Centre, Croydon	-	1	-	-	-	-	-	-	-	1
Tudor House, Grayshott	1	-	-	-	-	-	-	-	1	-
St. Mildred's Court Westgate-on-Sea	-	1	-	-	-	-	-	-	-	1
Oakhill House, Horsham	1	-	-	-	-	-	-	-	1	-
Cliff Dene, Tankerton	-	2	-	-	-	-	-	-	-	2
Glebe House, Colchester	-	1	-	-	-	-	-	-	-	1
Lantern Hotel, Worthing	-	1	-	1	-	1	-	-	-	1
The Priory, Worthing	-	1	-	-	-	-	-	-	-	1
Grosvenor House, St. Leonards-on-Sea	-	1	-	-	-	-	-	-	-	1
Wix House, London N.4	-	1	-	-	-	-	-	-	-	1
British Home for Deaf and Dumb Women, London E. 5	-	-	-	1	-	-	-	-	-	1
Horder Centre for Arthritics, Crowborough	-	-	-	1	-	-	-	-	-	1
Morton House, Hemel Hempstead	-	-	1	1	-	-	-	-	1	1
Mildred Duff Memorial Home, North Walsham	-	-	-	2	-	-	-	-	-	2
Ryelands, Wallington	-	1	-	-	-	-	-	-	-	1
St. Bridget's, East Preston	-	1	-	-	-	-	-	-	-	1
School of Stitchery, Bookham	-	-	-	1	-	-	-	-	-	1
The Grove, East Carleton, Norwich	-	1	-	-	-	-	-	-	-	1
Priceholme, Scarborough	-	2	-	-	-	1	-	-	-	1
Ponds, Beaconsfield, Bucks	-	1	-	-	-	-	-	-	-	1
The Lindens, St. Leonards-on-Sea	-	1	-	-	-	-	-	-	-	1
Lister House, Sharow	-	-	1	-	-	-	-	-	1	-

Roche Close

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Resident on 1.1.67	66	246	312
Admitted from home addresses	39	101	140
Admitted from Rochford Hospital	28	55	83
Admitted from Southend General Hospital	4	6	10
Admitted from Runwell Hospital	1	1	2
Admitted from other hospitals	1	3	4
Admitted from Priory House	-	1	1
Admitted from Crowstone House	-	1	1
Admitted from Whittingham House	2	2	4
Admitted from Brook House	1	-	1
Admitted from Nazareth House	-	1	1
	142	417	559
Discharged to home addresses	15	47	62
Discharged to Rochford Hospital	39	53	92
Discharged to Southend General Hospital	1	7	8
Discharged to Runwell Hospital	1	-	1
Discharged to Pantile House	2	2	4
Discharged to Whittingham House	2	1	3
Discharged to Crowstone House	-	1	1
Discharged to Private Rest Homes	-	2	2
Died in Roche Close	12	53	65
Discharged to Brook House	1	-	1
Discharged to Delaware House	1	4	5
Discharged to Nazareth House	1	-	1
Discharged to Priory House	4	5	9
	63	242	305
Resident on 31st December 1967			
<u>Age Groups of Residents:</u>			
Under 65	8	10	18
65 - 69	6	17	23
70 - 74	3	22	25
75 - 79	12	38	50
80 - 84	13	55	68
85 - 89	12	70	82
90 and over	9	30	39
	63	242	305

Crowstone House

	<u>Females</u>
Resident on 1.1.67	59
Admitted from home addresses	9
Admitted from Roche Close	1
Admitted from Whittingham House	1
	<hr/> 70
Discharged to Roche Close	1
Discharged to Southend General Hospital	2
Discharged to home addresses	2
Discharged to Rochford Hospital	6
Died in Crowstone House	1
	<hr/> 58
<u>Age groups of Residents:</u>	
Under 65	3
65 - 69	1
70 - 74	2
75 - 79	9
80 - 84	18
85 - 89	15
90 and over	10
	<hr/> 58

Pantile House

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Resident on 1.1.67	28	37	65
Admitted from home addresses	13	9	22
Admitted from Roche Close	-	2	2
Admitted from Rochford Hospital	1	-	1
Admitted from Delaware House	1	-	1
Admitted from Runwell Hospital	1	-	1
	<hr/> 44	48	92
Discharged to home addresses	5	2	7
Discharged to Rochford Hospital	2	-	2
Discharged to Southend General Hospital	-	1	1
Died in Pantile House	11	10	21
	<hr/> 26	35	61
Resident on 31st December 1967			

<u>Age Groups of Residents:</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>
Under 65	-	-	-
65 - 69	3	-	3
70 - 74	3	2	5
75 - 79	3	6	9
80 - 84	7	7	14
85 - 89	8	9	17
90 and over	2	11	13
	26	35	61

Whittingham House

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Resident on 1.1.67	21	41	62
Admitted from home addresses	10	22	32
Admitted from Roche Close	1	1	2
Admitted from Rochford Hospital	-	1	1
Admitted from Southend General Hospital	-	1	1
	32	66	98
Discharged to Southend General Hospital	-	1	1
Discharged to home addresses	4	11	15
Discharged to Rochford Hospital	1	3	4
Discharged to Roche Close	2	2	4
Discharged to Crowstone House	-	1	1
Discharged to Priory House	-	3	3
Died in Whittingham House	4	5	9
Resident on 31st December 1967	21	40	61

Age Groups of Residents:

Under 65	-	-	-
65 - 69	1	-	1
70 - 74	9	2	11
75 - 79	4	7	11
80 - 84	4	11	15
85 - 89	3	8	11
90 and over	-	12	12
	21	40	61

Delaware House

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Resident on 1.1.67	20	40	60
Admitted from home addresses	8	14	22
Admitted from Roche Close	1	4	5
Admitted from Rochford General Hospital	-	1	1
	29	59	88
Discharged to Pantile House	1	-	1
Discharged to home addresses	5	10	15
Discharged to Rochford Hospital	1	3	4
Discharged to Southend General Hospital	-	2	2
Discharged to London	-	1	1
Died in Delaware House	2	3	5
Resident on 31st December 1967	20	40	60

Age Groups of Residents:

Under 65	-	-	-
65 - 69	2	2	4
70 - 74	3	2	5
75 - 79	7	3	10
80 - 84	2	12	14
85 - 89	4	12	16
90 and over	2	9	11
	20	40	60

Brook House

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Resident on 1.1.67	20	40	60
Admitted from home addresses	4	10	14
Admitted from Roche Close	1	-	1
Admitted from Runwell Hospital	-	1	1
Admitted from Rochford Hospital	-	1	1
	25	52	77
Discharged to Southend General Hospital	1	-	1
Discharged to home addresses	-	3	3
Discharged to Priory House	1	3	4
Discharged to Private Home	-	1	1
Discharged to Roche Close	1	-	1
Discharged to Rochford Hospital	2	-	2
Died in Brook House	-	5	5
Resident on 31st December 1967	20	40	60

<u>Age Groups of Residents:</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>
Under 65	-	-	-
65 - 69	1	2	3
70 - 74	2	5	7
75 - 79	5	9	14
80 - 84	3	9	12
85 - 89	6	10	16
90 and over	3	5	8
	20	40	60

Priory House

(This Home was opened for the reception of residents on 23.5.67)

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Admitted from home addresses	17	46	63
Admitted from Roche Close	4	5	9
Admitted from Brook House	1	3	4
Admitted from Runwell Hospital	1	-	1
Admitted from Whittingham House	-	3	3
Admitted from Delaware House	-	1	1
Admitted from Private Homes	-	4	4
Admitted from Southend General Hospital	-	1	1
	23	63	86
Discharged to home addresses	10	11	21
Discharged to Roche Close	-	1	1
Discharged to Rochford General Hospital	-	1	1
Died in Priory House	-	4	4
Resident on 31st December 1967	13	46	59

Age Groups of Residents:

Under 65	-	1	1
65 - 69	2	1	3
70 - 74	1	3	4
75 - 79	3	12	15
80 - 84	2	13	15
85 - 89	3	10	13
90 and over	2	6	8
	13	46	59

Temporary Accommodation

During the year, 26 cases were investigated and in 17 of these temporary accommodation was provided at Roche Close (16 cases) and St. Edith's (1 case) as under: -

	<u>No. of Cases</u>	<u>Length of Stay</u>
Individual men	7	4 for 1 night 2 for 2 nights 1 for 3 nights
Individual women	3	3 for 1 night
Mother and 1 child	3	1 for 2 nights 2 for 1 night
Mother and 2 children	2	1 for 1 night 1 for 2 nights
Married Couple	2	1 for 1 night 1 for 2 nights

BLIND WELFARE

Whilst the Local Authority has statutory obligations for the welfare of the blind, their social needs are very adequately catered for by the Southend-on-Sea Blind Welfare Organisation which, in addition to providing club facilities arranges social functions, outings, etc. and has a residential home for 12 blind residents combined with a social club in Imperial Avenue. This is a very active organisation of which the town can be justly proud.

Wireless

The British Wireless for the Blind Fund supplied 45 new wireless sets during the year.

Registration

<u>Register of the Blind</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>
Number on Register 1.1.67	198	391	589
Left Borough during year	4	9	13
Re-registered	1	-	1
Died during year	19	36	55
Transfers in from other areas	4	6	10
Newly registered	36	78	114
Decertified	2	-	2
On Register 31.12.67	214	430	644
In Homes for the Blind	-	14	14
In other Homes including Part III	8	48	56
In Hospitals for Mentally Sub-Normal	-	1	1
In Hospitals for the Mentally Ill	-	2	2
Other Hospitals	-	3	3
<u>Register of Partially Sighted</u>			
Number on Register 31.12.67	57	102	159

Age Groups of Registered Blind Persons

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Total
Males	-	-	-	-	-	1	-	1	4	2	15	18	13	25	72	29	25	9	214
Females	-	-	-	-	1	-	1	3	5	5	11	22	23	26	114	89	88	42	430
Total	-	-	-	-	1	1	1	4	9	7	26	40	36	51	186	118	113	51	644

Age at onset of Blindness

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Total
Males	13	-	-	1	1	2	3	7	9	8	16	20	23	28	45	23	13	2	214
Females	21	-	2	-	2	5	2	4	7	4	17	42	26	47	130	68	43	10	430
Total	34	-	2	1	3	7	5	11	16	12	33	62	49	75	175	91	56	12	644

Cases newly registered during year

Forms B. D. 8 were received in respect of the following: -

	Males	Females	Total
Certified blind	36	77	113
Certified partially-sighted	10	24	34
	—	—	—
	46	101	147
	==	==	==

Newly Registered Blind Persons - Age Groups and Causes of Blindness

Cause of Blindness	Age Group				
	Up to 59	60-69	70-79	80-89	90 and over
Primary Cataract:					
Suitable for surgical treatment	-	1	4	3	1
Not suitable for surgical treatment	1	-	1	2	1
Primary Glaucoma	3	3	10	7	1
Senile Macular Degeneration	1	4	9	21	5
Diabetic Retinopathy	-	1	2	-	-
Myopic choroido-retinal degeneration	1	1	1	-	-
Retina defects	-	1	5	3	2
Aphakia	-	-	1	1	-
Optic atrophy	1	-	2	-	1
Hysterical blindness	-	-	1	-	-
Nebulae	-	-	1	-	-
Cerebro-vascular accident	-	-	1	-	-
Corneal Dystrophy	-	-	-	-	1
Cerebral thrombosis	1	-	1	-	-
Advanced keratitis	-	-	1	-	-
Senile exudative retinopathy	-	-	-	1	-
Hemianopia	-	1	-	-	-
Disseminated sclerosis	1	-	-	-	-
Macular haemorrhage	1	-	-	-	-
Choroidal sclerosis	-	-	-	1	-
	10	12	40	39	12

Partially Sighted

Persons whose names were entered during 1967 in the register of the partially sighted were aged: -

<u>2 - 4</u>	<u>16 - 20</u>	<u>21 - 49</u>	<u>50 - 64</u>	<u>65 and over</u>	<u>Total</u>
1	1	1	6	25	34

Follow-up of Registered Blind and Partially Sighted Persons

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which Section F of Form B.D.8. recommends:				
(a) No treatment	2	6	-	57
(b) Treatment (medical, surgical or optical)	20	22	-	40
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	20	21	-	39

Ophthalmia Neonatorum

No injury to vision resulted from this cause.

Work of the Home Teachers

A total of 1833 visits was made to blind persons in their homes, during which 84 lessons in embossed type and 6 lessons in handicrafts were given.

Handicraft classes met weekly, instruction being given in chair-caning, weaving, netting, string bag making, basket making and other crafts.

Home Workers

At the end of the year there were 3 home workers in receipt of augmentation of wages, 1 engaged in basket making, and 2 in circular machine knitting.

Periodicals

Periodicals in Braille and Moon type continued to be supplied free of charge to local blind readers, whilst many of them continued to avail themselves of the library facilities afforded by the National Library for the Blind, to which you make an annual grant.

Use of Deck Chairs on Promenade and Cliffs

Passes were issued to 480 blind people by the Council's Entertainments Committee, enabling them to use deck chairs on the promenades and cliffs - a privilege much appreciated.

Transport Passes

Renewal transport passes were issued by the Joint Transport Undertaking to 116 registered blind persons who had previously been accorded this privilege. We are grateful to the Undertaking for this continued concession.

MEALS ON WHEELS

The Women's Royal Voluntary Service maintained its invaluable help to the old and the handicapped, delivering some 190 meals on four days each week. The school meals service supplied the meals during term time and your old persons homes during the school holidays. We are all grateful for the assistance so willingly afforded by the Education Committee and its staff. What your own staff do is just as vital and one remembers that their contribution is made during periods when for various reasons their ordinary duties are more exacting than usual.

WELFARE OF THE DEAF

Mention was made in previous reports of the necessity for welfare responsibilities in connection with the deaf to be taken over from the Royal Association in Aid of the Deaf and Dumb. The arrangements with the Essex County Council for the use of its specialist officer to deal with the major difficulties of the deaf and dumb persons in Southend, whilst ordinary day to day welfare duties are undertaken by your own social and mental welfare officers, are working satisfactorily.

THE HARD OF HEARING

The Southend-on-Sea Hard of Hearing Group, which maintains its success, meets weekly in the Clarence Road Liberal Hall. In addition to catering for the needs of its more elderly members, the newly formed youth section has made a promising start. The grant made by the Council defrays the cost of renting the premises, but for the rest the group is self supporting and one is grateful for yet another example of mutual help and enterprise.

HANDICAPPED PERSONS - GENERAL CLASSES

There was an increase in registered handicapped persons at the end of the year of 116, making a total on the register of 801. This is the number of persons currently being assisted by the social and mental welfare officers and bears no relation to the number of those who could be described as permanently and substantially handicapped. The numbers on the register will, of course, increase for some years as more people requiring assistance come to our notice, but the prevailing shortage of staff determines the rate of development in this particular field.

Statutory powers allowed practical assistance by way of structural alterations in the homes of 64 handicapped persons at a total cost of £1959.14.6d. There was also an increasing demand for the loan of "gadgets" and equipment. Thirty-four handicapped persons were assisted financially to take holidays specially arranged to suit their disabilities, mainly in conjunction with the Essex Association for the Physically Handicapped.

<u>Disability</u>	<u>Male</u>	<u>Female</u>
Amputation	70	21
Arthritis and Rheumatism	66	248
Congenital Malformations and Deformities	19	19
Diseases of the Digestive and Genito-Urinary Systems, of the Heart or Circulatory System, Respiratory System and of the skin	24	21
Injuries of the Head, Face, Neck, Thorax, Abdomen, Pelvis or Trunk, Injuries or diseases of the Upper and Lower Limbs and of the Spine	47	32
Organic Nervous Diseases, Epilepsy, Disseminated Sclerosis, Poliomyelitis, Hemiplegia, Sciatica, etc.	110	97
Neuroses, Psychoses and other Nervous and Mental disorders not included above	2	2
Tuberculosis (Respiratory)	-	1
Tuberculosis (Non-Respiratory)	5	3
Diseases and Injuries not specified above	4	10
Totals	<u>347</u>	<u>454</u>

CAR BADGES

At the end of the year, 133 badges were in issue compared with 118 at 31.12.66 and there is no doubt that this number will increase, as the benefits of free parking in the Corporation car parks and at parking meters is a valuable concession to the handicapped driver.

**SECTION 37 - REGISTRATION OF DISABLED PERSONS'
OR OLD PERSONS' HOMES**

	<u>Registered at</u> <u>31.12.67</u>	
<u>Homes for Old People</u>	<u>No.</u>	<u>No. of Beds</u>
Voluntary	9	311
Private	*35	295
<u>Homes for Old and Disabled Persons</u>		
Voluntary	2	44
Private	† 7	60
Homes registered under Southend-on-Sea Corporation Act, 1947, Section 144	2	17

* includes 1 Home also registered under Southend-on-Sea Corporation Act

† includes 2 Homes also registered under Southend-on-Sea Corporation Act.

SECTION 47 - REMOVAL OF PERSONS IN NEED OF CARE AND PROTECTION

This Section empowers the removal of persons "suffering from grave chronic disease" or who "being aged, infirm or physically incapacitated are living in insanitary conditions" and, under proper safeguards, their detention in hospitals or other suitable institutions.

It was not necessary to take any formal action under this Section during the year.

**SECTION 48 - TEMPORARY PROTECTION FOR PROPERTY OF PERSONS
ADMITTED TO HOSPITALS AND OTHER INSTITUTIONS**

Under this Section of the Act, the Local Authority have a duty to protect the movable property of any person admitted to hospital or Part III accommodation if it appears to them that there is danger of loss of, or damage to, such property and that no other suitable arrangements have been made: 23 such cases came to the notice of the department during the year, involving 185 visits.

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ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL
OFFICER FOR THE YEAR 1967

WELFARE AND SPECIAL SERVICES SUB-COMMITTEE
OF THE EDUCATION COMMITTEE

Chairman:

Councillor T.W. Woodrough, F.I.C.S.,

Vice Chairman:

Councillor Mrs. B.S. Scholfield

Ex-Officio:

Chairman of Education Committee
Alderman A.V. Mussett

Vice-Chairman of Education Committee
Alderman N. Clarke, B.Sc., F.Inst.P.

Councillor F.S. Handy
Councillor E.W.J. Lockhart
Councillor Mrs. J. Sargent
Mr. R. Baggs
Mr. H.F. Shaw
Rev. Canon J.A. Stanley

STAFF OF THE SCHOOL HEALTH SERVICE

A. Whole-time Officers

Principal School Medical Officer:

J. Stevenson Logan, M.B., Ch.B., D.P.H. retired 30.9.67
G. V. Griffin, M.B., B.S., D.P.H., appointed 25.9.67.

Deputy Principal School Medical Officer:

J. Conway Preston, M.R.C.S., L.R.C.P., D.P.H.

Assistant Deputy Principal School Medical Officer:

M.R. Mellor, M.B., Ch.B., L.R.C.P., D.P.H.

Senior Assistant Medical Officer and School Medical Officer

Isabelle Baird Barrie, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.

School Medical Officers:

John Greenhalgh, M.B., B.S., M.R.C.S., L.R.C.P., D.A.
Elisabeth Mary Smale, M.B., Ch.B., D.R.C.O.G., resigned 12.4.67.

Principal School Dental Officer:

Edgar C. Austen, L.D.S., R.C.S. (Eng.)

Superintendent Health Visitor:

Miss Edith Roberts, S.R.N., S.C.M., S.R.F.N., H.V. Diploma.,
H.V. Cert.

Health Visitors and School Nurses:

Mrs. U. MacGrath, S.R.N., S.C.M., H.V.Cert., S.R. Fever Nurse
Miss F.L. Blackburn, S.R.N., S.C.M., H.V. Cert.
Mrs. J.M. Buck, S.R.N., Part I, Midwifery Certificate, H.V. Cert.,
Diploma in Sociology, University of London
Miss M. Brennan, S.R.N., S.C.M., H.V.Cert., Q.N.
Miss J.M. Gaillard, S.R.N., Part I, Midwifery Certificate, H.V.Cert.
Miss P.M. Reeves, S.R.N., S.C.M., H.V.Cert., Diploma in Sociology,
University of London
Miss M.M. Braun, S.R.N., S.C.M., H.V.Cert.
Miss B.E.H. Hobbs, S.R.N., S.C.M. H.V. Cert., Q.N.
Miss G.M. Simpson, S.R.N., S.C.M., H.V. Cert., Q.N.
Miss G.V. Hill, S.R.N., Part I, Midwifery Certificate, H.V.Cert.
Miss E. Watson, S.R.N., S.C.M., H.V. Cert., resigned 22.2.67
Miss D. Whapham, S.R.N., S.C.M., H.V. Cert.
Mrs. P.M. Shardlow, S.R.N., Part I, Midwifery Certificate, H.V.Cert.
resigned 30.6.67.
Miss C. Barnes, S.R.N., S.C.M., H.V.Cert.
Miss J.T. Jenner, S.R.N., S.C.M., H.V.Cert. appointed from training
21.9.67.

Part-time Health Visitors:

Mrs. W.M. Sutherland, S.R.N., S.C.M., H.V.Cert.
Mrs. E.L. Williams, S.R.N., S.C.M., H.V. Cert.
Miss M.N. Withams, S.R.N., S.C.M., H.V.Cert., Battersea Polytechnic
Health Visitor's Diploma.
Miss D.E. Stevens, S.R.N., S.C.M., H.V.Cert., Q.N.

School Clinic Nurse:

Mrs. G. Apperley, S.R.N.

Psychiatric Social Worker:

Vacancy

School Clinic Attendant:

Miss A. Tredray, resigned 2.6.67
Miss M. Stanford, appointed 17.7.67

Dental Attendant:

Mrs. M.J. Kiss, resigned 31.1.67
Mrs. J. Marsh, appointed from part-time service 28.1.67.

Administrative Assistant:

Miss A.M. Roberts

Secretary - Child Guidance Clinic:

Mrs. A. Tully

Clerks:

Mrs. E. Donald
Mrs. L. Vockins, (née Ilines)
Miss M. Fryer
Mrs. C. Brown
Miss J. Hinde
Miss S. Parisio
Miss V.J. Wenn

B. Part-time Officers

Psychiatrist:

H. Bevan Jones, M.R.C.S., L.R.C.P., D.P.M.

Educational Psychologist, (Officers of the School Psychological Service who devote part of their time to the Child Guidance Clinic)

Senior Educational Psychologist:

Mrs. E.D.F. Garvie, M.A., B.Ed.

Mrs. E.R. Harding M.A., appointed 23.10.67.

Assistant Educational Psychologist:

Mr. F.L. Holland, B.A., resigned 15.10.67

Miss I.E. Clements B.A., appointed 1.11.67

Dental Officer:

N.D. Wine, B.D.S., L.D.S., R.C.S., resigned 28.2.67

Miss R. Parry, L.D.S., appointed 1.11.67

Dental Attendant:

Mrs. J. Marsh, transferred to full-time 28.1.67

Mrs. T. Deed, appointed 6.11.67

Speech Therapist:

Mrs. E.J. Allen (née Bevan), L.C.S.T., resigned 4.3.67

Miss D. Gundy, L.C.S.T.

Physiotherapists at Open Air School:

Mrs. R. Walker, M.C.S.P.

Mrs. S.M. Squire, M.C.S.P.

Physiotherapy Assistant:

Mrs. V. Macfarlane

Public Health Department,
Civic Centre,
Southend-on-Sea.

Telephone: Southend 49451.

ANNUAL REPORT

This report was compiled largely by Dr. J. C. Preston, Deputy Principal School Medical Officer who has set his mark indelibly on the School Health Service.

This is the first report which I have the pleasure of presenting to the Education Committee and makes an appropriate occasion for me to place on record my appreciation of Dr. Preston's services, particularly during the initial period of my appointment as Principal School Medical Officer. It is men of his calibre who have provided the backbone of the unsung services which this and similar Authorities provide for the benefit of the children in their areas.

I would also like to place on record my appreciation of the assistance and courtesy of the Committee and the most willing co-operation of its Officers, the teaching staff and all those who assisted in the School Health Service during the period covered by this report.

A handwritten signature in dark ink, appearing to read 'G. Gifford', with a horizontal line underneath.

PRINCIPAL SCHOOL MEDICAL OFFICER

STAFF

The retirement in September of Dr. J. Stevenson Logan marked the end of an era. He joined the staff in January 1935 and was promoted Medical Officer of Health and Principal School Medical Officer in 1940, on the retirement of the late Dr. C. Grant Pugh. He is succeeded by Dr. G. V. Griffin.

One of Dr. Logan's first tasks was to organise the transfer, in 1935, of the central school clinic from Great Eastern Avenue to the buildings of the former Victoria Hospital in Warrior Square, where it was united with the maternity and child welfare services of the Health Committee and the administrative offices of the combined Public Health and School Health department.

The Municipal Health Centre thus created, served the needs of the town very well until the expansion of local authorities' responsibilities in relation to health and welfare made the premises inadequate to contain all sections of the Department. Following the transfer of the administration to the Civic Centre, plans are now under consideration for the erection of combined clinic premises in a purpose-built health centre in the central re-development area.

There have been many changes in the pattern of the school health service during Dr. Logan's period of office. Prior to the National Health Service, the education authority provided specialist clinics for eye conditions, diseases of the ear, nose and throat, and orthopaedic defects, and was also financially responsible for in-patient hospital treatment of school children with these conditions. These functions are now the responsibility of the hospital service, the only remaining evidence of the former system being the weekly Eye Clinic and the Orthoptic Clinic, which are still conducted at the Municipal Health Centre, although they are in effect an extension of the hospital out-patient service.

Developments on the positive side include the Speech Therapy Clinic, which was started in 1936, and the Child Guidance Clinic which dates from 1943.

There has also been a change of emphasis in the work of the school medical officers. In 1935 the service devoted more time to treatment, as distinct from its primary purpose of ascertainment and preventive medicine, and was more concerned with conditions such as uncleanness, malnutrition, skin diseases, and postural defects, all of which have become less common with the advent of improved environmental circumstances and the development of the social services.

The school health service is in a state of transition, but under Dr. Logan's guidance and leadership it has acquired a solid background of achievement, and has enjoyed a cordial relationship with the teaching staffs of the schools.

Dr. E. M. Smale resigned her appointment as whole-time assistant medical officer in April, and this post has remained unfilled. In recent years the work of the school health service has been maintained with the help of three part-time medical officers employed on a sessional basis. Two of these left during the year, Dr. H. Wessels in January and Dr. E. M. Waddell in May. The service of the third, Dr. M. Read was interrupted by other commitments for a substantial part of the year. The gaps thus created in the service were partly filled by the sessional employment of Dr. M. L. Walsh who began in April, and Dr. J. C. Butcher in May.

The part-time dental officer, Mr. N.D. Wine, ceased in February, and the principal school dental officer continued the service single-handed until the appointment of Miss R. Parry for four sessions a week in November. This however, terminated in February, 1968.

Two health visitors and school nurses resigned, Miss E. Watson in February and Mrs. P.M. Shardlow in June. Miss J.T. Jenner joined the staff on completion of health visitor training in September. At the end of the year there were, in addition to the Superintendent, thirteen full-time and four part-time health visitors and school nurses.

The post of school clinic attendant, is a temporary one reserved for candidates who intend to enter the nursing profession. Miss A. Tredray resigned in June and was replaced in July by Miss M. Standford.

Mrs. M.J. Kiss, dental attendant, resigned in January and was replaced by Mrs. J. Marsh, who had been previously acting in a part-time capacity. With only one dental surgeon it was not necessary to fill the part-time appointment until November when Mrs. T. Deed was appointed.

There were no changes this year in the clerical staff of the school health service.

One of the two speech therapists, Mrs. E.J. Allen, left in March, and this appointment remained unfilled to the end of the year. Reference was made in last year's report to the death in March of Mrs. E.D.F. Garvie, senior educational psychologist. This post remained vacant until October, when Mrs. E.R. Harding was appointed. The child guidance clinic also lost the services of Mr. F.L. Holland, assistant educational psychologist, who resigned in October and was replaced by Miss I. E. Clements.

MEDICAL AND DENTAL INSPECTIONS

Owing to the staffing difficulties referred to above the number of periodic medical inspections dropped to 5,318 compared with 7,849 in the previous year. The number of individual pupils found to require treatment however was somewhat greater, being 434 compared with 388. It is unlikely that there is any significance in this proportionate increase other than random chance and some variation in the standards adopted by medical officers. There was no notable change in the distribution of defects found at periodic inspections.

As in previous years, the majority of inspections have been carried out in the traditional pattern of three examinations, coinciding approximately with the first year in a primary school, the last year in a primary school, and the last year at a secondary school. It has not been found possible to experiment further with a system of selective medical examination, apart from the attachment of women medical officers to the girls' secondary schools, which has been described in previous reports, and these arrangements had to be substantially curtailed this year on account of the staffing problem. Dental inspections at school numbered 8,565, compared with 8,197 last year, although the number of sessions devoted to inspection was 47 compared with 67. It was necessary to continue the restriction of dental inspection and routine treatment to pupils at primary schools. Emergency treatment and orthodontic treatment already started for secondary school pupils were continued. The parents of all children entering secondary schools are informed by a leaflet of the necessity,

in present circumstances, for this restriction, and are advised of the facilities for treatment under the National Health Service.

PROVISION OF MILK AND MEALS

There were again no outbreaks of food poisoning associated with the school meals service, which continues to maintain a high standard of food hygiene.

During the year new kitchens were opened at the new Bournes Green Primary School, and at Richmond and Kingsdown Schools. The only schools which continue to receive container meals from kitchens not on their own premises are Hamlet Court Junior and Infants, Prittlewell, and St. Helen's.

During the year the percentage of children taking school dinners was 57.4 in the primary schools and 57.2 in the secondary schools, while the proportion of children receiving milk at school was 91 per cent in the primary schools and 49 per cent in the secondary schools.

The total number of meals supplied by the service was 3,009,493. This includes meals supplied to outside agencies such as independent schools, the Junior Training Centre, and the Meals-on-Wheels service.

ARRANGEMENTS FOR TREATMENT

1. GENERAL

A. School Clinics

Municipal Health Centre, Warrior Square, Southend-on-Sea

Afternoons at 2.15 p.m. Monday to Friday throughout the year,
except for 4th Thursday in each month (from November)

No. 70 Burnham Road, Leigh-on-Sea

Wednesday afternoon at 2.45 p.m. throughout the year.

Thorpedene Clinic, Maplin Way, Thorpe Bay.

Thursday afternoon at 2.15 p.m. throughout the year.

Kent Elms Clinic, Rayleigh Road, Eastwood

Monday afternoon at 2.15 p.m. throughout the year.

B. Minor Ailment Treatment Centre

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Mornings from 9.0 a.m. Monday to Saturday throughout
the year. (Treatment by School Clinic Nurse.)

C. Dental Clinic

Municipal Health Centre, Warrior Square, Southend-on-Sea.

One Surgery open for 11 sessions weekly throughout the year.
A second Surgery open for 3 sessions weekly until 28.2.67 and
for 4 sessions weekly from 1.11.67.

No. 70 Burnham Road, Leigh-on-Sea.

Owing to staff shortage, this Clinic was not open during the year.

D. Eye Clinic

Regional Hospital Board Clinic held on Local Authority premises.
Municipal Health Centre, Warrior Square, Southend-on-Sea.

Thursday morning at 9.30 a.m.

E. Orthoptic Clinic

Regional Hospital Board Clinic held on Local Authority premises.
Municipal Health Centre, Warrior Square, Southend-on-Sea.

Five sessions weekly - Monday morning, Wednesday afternoon,
Thursday afternoon and Friday morning and afternoon, until 5.12.67
thereafter Wednesday afternoon session discontinued.

F. Child Guidance Clinic

Psychiatrist provided by Regional Hospital Board.
Premises and ancillary staff provided by Local Authority.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

The Clinic works on an appointments system. The psychiatrist
attends on 6 sessions a week, on Monday, Tuesday and Friday
throughout the year.

G. Speech Therapy Clinic

Municipal Health Centre, Warrior Square, Southend-on-Sea.

The Clinic works on an appointments system. Ordinarily two
Speech Therapists are employed, working at the Central
Clinic and at the clinic premises at Leigh and Thorpedene
as required. They are also engaged on work for the Hospital
Management Committee, at the Day Open Air School, cerebral
palsy clinic, etc.

The central clinic at the Municipal Health Centre, Warrior Square
continues to provide a full range of services comprising inspection clinics,
minor ailment treatment centre, dental clinic and special clinics for child
guidance, speech therapy, ophthalmic and orthoptic services. These premises
are shared by the maternity and child welfare and immunisation services of
the Health Committee, as are the peripheral clinics at Eastwood, Leigh,
Westcliff and Thorpedene.

Shortage of staff again prevented the re-opening of the dental clinic at
Burnham Road, Leigh, and made it necessary to restrict the speech therapy
service normally provided there and at Thorpedene clinic. For the same
reason it was necessary in November to discontinue one session per month at
the medical officer's inspection clinic at Warrior Square, which has hitherto
been staffed five days a week throughout the year. The school clinic nurse remains
available to provide intermediate treatment when no medical officer is present.

2. MALNUTRITION

None of the children examined at periodic inspections was regarded as
of unsatisfactory physical condition. This has been the case for some years
now, and although there may be some children of poor nutrition who are not

presented for examination, or who are attending special schools and therefore recorded as "special" examinations and not periodic inspections, it seems safe to conclude that malnutrition is not a serious problem. The Authority's scheme of free meals for children in poor economic circumstances ensures that no child need go without a good mid-day meal.

3. MINOR AILMENTS

The downward trend in attendances at the school clinic, which was interrupted last year, was again evident, there being 3,179 attendances compared with 4,083 in 1966. These figures include both spontaneous attendances at the medical officer's clinics and special examinations undertaken by appointment.

Similarly, attendances for treatment of minor ailments by the school clinic nurse also declined, from 534 to 308.

The explanation of this is probably to be found in a number of different factors: the lessened incidence of some minor ailments, notably skin conditions, the availability of more effective methods of treatment which curtail the number of attendances, and the greater frequency with which parents seek treatment from their general practitioner.

Hitherto it has been the practice to issue a medical certificate to each child attending the school clinic, irrespective of whether it was necessary to exclude him from school. The purpose served by this, namely to produce evidence to justify the child's absence from school on the occasion of his visit to the clinic, has a limited usefulness, and in December it was decided to discontinue the routine issue of certificates.

4. UNCLEANLINESS AND VERMINOUS CONDITIONS

The incidence of head infestation varies from year to year. In 1966, 114 individual pupils were found to be infested in the course of 43,931 inspections. This was relatively high compared with experience in recent years and it is therefore satisfactory to record that this year only 56 pupils were found to be infested in the course of 48,807 inspections.

The number of families in which children are found to be repeatedly infested is very small, and reliance upon informal action to secure cleansing is usually sufficient. Parents are advised about suitable preparations and how to use them, and are offered facilities at the school clinic. It has not been found necessary to use the cumbersome formal procedure of Section 54 of the Education Act 1944, which is in any case limited to securing the compulsory cleansing of a child who has been found infested. The more difficult problem is to secure examination of other members of the family, particularly adults, who may be the source of re-infection, and where persuasion fails there is no means of enforcing this.

Scabies continues to be more prevalent than was the case a few years ago but the number treated at the school clinic was 32 compared with 55 in the previous year.

5. CONVALESCENT TREATMENT

There were again no children recommended for convalescent treatment under the Education Committee's scheme. Convalescence which is required as a continuation of hospital treatment is provided by the hospital service under the National Health Service.

6. DENTAL TREATMENT

Mr. E.C. Austen, Principal School Dental Officer, writes:-

"In 1967 the number of pupils attending for emergency treatment again declined owing to the volume of treatment undertaken by general practitioners in the County Borough under the National Health Service conditions. It should be emphasized that this is a Borough that is well supplied with dental surgeons who practise under the National Health Service.

The importance of dental health education is being stressed by the Department of Education and Science; during the year topical posters and models have been introduced into the schools and waiting rooms at both the Health Centre and the ante-natal clinics. Health visitors are also advised to instruct the mothers on their round of duties. Further avenues are now being explored.

The use of Phil -X30 x-ray films has proved very useful in showing the immediate location of teeth in orthodontic cases as these can be taken and processed in two minutes whilst the patient is still undergoing examination and study.

There has been a slight downward trend in the total output of work and this is explained by an increased number of broken appointments due to illness and other causes.

During the year a total of 22 crowns were constructed, mainly for restoration due to accidents. The number of dentures fitted totalled 39 of which one was for a child in the age group 5 - 9 years. Again this was the result of an accident.

A total of 25 sessions were devoted to the ante-natal and infant welfare scheme and approximately 10 sessions to the mentally and physically handicapped."

7. EYE DISEASES AND DEFECTIVE VISION

There was no change in the arrangements whereby children can be referred either to the ophthalmic department of Southend General Hospital, or to the eye clinic at the Municipal Health Centre, which is provided jointly with the Regional Hospital Board. All children with squint are referred to the consultant ophthalmic surgeon at the hospital.

Reference was made last year to the concern occasioned by the lengthy waiting lists at both clinics. It is therefore satisfactory to record that the Regional Hospital Board have appointed a second consultant ophthalmic surgeon, and Mr. J.A. Rumble, F.R.C.S., D.O. took up his appointment in October.

The waiting list at the eye clinic at the Municipal Health Centre varies in accordance with the distribution of periodic inspections in the schools, showing an increase when the secondary schools are inspected. This is an indication of the desirability of more frequent vision screening in the schools when the staff situation permits.

8. ORTHOPTIC CLINIC

This clinic also is the responsibility of the Regional Hospital Board, although conducted on school health service premises. There were some changes of staff during the year, but the clinic remained open for five sessions a week, and approximately 775 children received treatment, the corresponding figure for last year, being 756.

9. DISEASES OF THE EAR, NOSE AND THROAT

The number of children of all ages known to have received operative treatment for adenoids and chronic tonsillitis remains fairly constant, the figure for this year being 278, compared with 267 last year.

The number of children found to require treatment for conditions of the nose and throat at periodic and special inspections by the school medical officer was 30.

Audiometry is undertaken by the school medical officers, and the number of children referred by the educational psychologists, speech therapists, and health visitors continues to grow. It has not yet been possible to introduce routine screening audiometry but this is recognised as a desirable development

Children requiring investigation of deafness are referred either to Southend General Hospital or to the Nuffield Hearing and Speech Centre. The choice is rather arbitrary, but in general those who appear to have a condition which may be amenable to surgery are referred to the local hospital, while those who appear to have severe hearing loss, probably due to nerve deafness, and the very young deaf children, are usually referred to the Nuffield Centre, where a more complete appraisal of the child's educational needs is possible.

The Committee continues to provide commercial hearing aids for children on the recommendation of the consultant otologists in cases where a child is found to respond better with a special instrument than with the standard Medresco aid. The number provided with commercial aids this year was 6, and 7 other children are known to have received the Medresco aid.

10. ORTHOPAEDIC AND POSTURAL DEFECTS

Consultative advice and in-patient treatment are provided at Southend General Hospital, where 141 children are known to have attended the orthopaedic out-patient department during the year.

Reference is made to the provision of physiotherapy at Kingsdown School in the section relating to special schools.

Long term orthopaedic treatment is provided at residential special schools.

11. SPEECH THERAPY

From March onwards this service was maintained by only one therapist, with a consequent diminution in the volume of work which could be undertaken. The full effect of this is not evident from the statistical table below, which shows a total of 236 children treated, compared with 280 in the previous year, when two therapists were continuously employed. With only one therapist available it is inevitable that periods of treatment have to be curtailed, and greater reliance placed on advice to parents and teachers and periodical review of a pupil's progress.

A limited service was maintained at St. Christopher and Kingsdown Schools, but it is recognised that both schools could usefully employ more speech therapy time.

The shortage of speech therapists affects the hospital as well as the school health service, since the Authority's therapists are employed on sessional work for the hospital, by arrangement with the Management Committee.

The following table shows the number and classification of the defects under treatment during the year:-

Diagnosis	Boys	Girls	Total
Defective Articulation	70	30	100
Stammer	24	12	36
Cleft Palate	7	4	11
Retarded Speech and Language	37	30	67
Dysarthria	5	1	6
Elective mutism	-	1	1
Dysphasia	4	1	5
Unclassified	8	2	10
	155	81	236

12. CHILD GUIDANCE CLINIC

There was a gap in the establishment of educational psychologists between the death of Mrs. Garvie in March and the appointment of her successor in October, and the interval during which the assistant psychologist was working single-handed, is reflected in the statistics set out in the subjoined table, which show considerably fewer interviews by the psychologists in all categories.

The educational psychologists devote approximately half their time to the Child Guidance Clinic, and the remainder to their work in the school psychological service. In practice of course, there is a good deal of overlap between the two functions.

The case load of the part-time consultant psychiatrist was about the same as last year, and indeed, represents the maximum which can be achieved with the six sessions which are available. Dr. Bevan Jones has continued to develop techniques of group psychotherapy for mothers and children. This new approach to child guidance work has aroused considerable interest among professional

workers in this field, and apart from its intrinsic merits and potentiality, has the advantage of enabling the psychiatrist to undertake a greater number of cases than is possible by individual therapy alone, although the diagnostic work of necessity remains personal.

Access to the child guidance service is necessarily more flexible than the normal mechanism of medical consultation. The educational psychologists, and to some extent the school medical officers, act as a filter, but a substantial number of referrals are initiated by non-medical sources such as teachers, the Juvenile Court, Probation Officers, the Children's Officer, and in some cases parents themselves.

The following Table summarises the work done at the clinic during the year:-

Part-time Psychiatrist:

Interviews with children	963
Interviews with parents	952
Interviews with Head Teachers, Probation Officers and other agencies	102

Educational Psychologists:

Interviews with children at clinic	293
Interviews with children at school	407
Interviews with parents	191
Interviews with Head Teachers	548
Interviews with Class Teachers	216
Interviews with Probation Officers and other agencies	449
Home Visits	5

The following tables show the sources of referral in the 158 cases referred to the clinic during the year, and the age range of the children concerned:-

Sources of Referral	Boys	Girls	Total
Parents	8	7	15
Principal School Medical Officer	13	16	29
Probation Officers/Juvenile Court	1	1	2
Private Doctors	15	38	53
Medical Officers (S.G.H.)	4	7	11
Educational Psychologists	5	9	14
Head Teachers	6	17	23
Other Agencies	7	4	11
	59	99	158

Age Range	Boys	Girls	Total
Under 5 years	11	10	21
5 - 7 years	14	29	43
8 - 10 years	13	37	50
11 - 13 years	12	12	24
14 - 16 years	9	11	20
16 years and over	-	-	-
	59	99	158

WORK OF THE SCHOOL NURSES

The combined appointment of health visitor and school nurse has the advantage of providing continuity, in that her work is not limited to school children but embraces the whole family, and enables her to know and to become known by the people in her area of work. In practice however, it is found that frequent changes of staff, the consequent necessity of re-adjusting the health visitors' areas, or of transferring an officer from one area to another, and the employment of part-time staff, militate against the complete fulfilment of this ideal.

There is considerable pressure on the available staff, both in their capacity as health visitors and as school nurses. A limited amount of dilution with state-registered nurses who do not hold the health visitor's certificate has been employed, and it may be that there is further scope for this practice. Routine cleanliness inspections in the schools, for instance, do not necessarily require to be carried out by a qualified health visitor, but the necessary action and follow-up of children found to be verminous is often greatly facilitated by the fact that the social worker concerned knows the family and can more easily obtain the parents' co-operation.

The health visitor's contact with the family gives her unique opportunities for health education on an individual basis. This is supplemented by group talks in some of the girls' secondary schools by arrangement with the headmistresses.

The following table is concerned only with follow-up visits to the home in connection with specific medical conditions:-

	<u>No. of Children</u>	<u>No. of Visits</u>
Enlarged tonsils, adenoids or mouth breathing	4	4
Squint or defective vision	120	119
Deformities	7	7
Verminous conditions	109	92
Infectious diseases	69	55
Contagious skin diseases (Impetigo, Scabies, Ringworm)	17	11
Malnutrition, neglect, etc. ...	24	18
Defective teeth	2	2
Tuberculosis	2	2
Other conditions, e.g., Blepharitis, Bronchitis, Otorrhoea, etc.	81	75
Total	<u>435</u>	<u>385</u>

HEALTH EDUCATION

Limited use is made of pictorial material for display as posters and leaflets, but the principal reliance is placed on the personal approach. In this the most important factor is the health visitor and school nurse. Much of her advice is conveyed informally in her day-to-day contact with parents and children, but some of the nurses who have an aptitude for group discussion work, have continued to undertake this in the girls' secondary schools, with the approval and co-operation of the headmistresses. In those schools where women medical officers make regular visits they have adopted a similar procedure, supplemented by individual advice given to any pupils who may wish to discuss their personal problems.

In September a confidential memorandum was addressed to the head teachers of all secondary schools and the Principal of the College of Technology giving advice on the problem of the illicit use of drugs by adolescents, and indicating some of the manifestations which may arouse suspicion and indicate the advisability of consulting the school medical officer.

There is at present no reason to think that this is a serious problem among school children in Southend.

HANDICAPPED PUPILS

The succeeding sections of this report deal with the provision made for children with various kinds of handicaps requiring special education.

There is no special school in or near the Borough for blind or partially sighted pupils. The number of these is fortunately small, and they are usually provided with residential schooling. Progress has been made in recent years in the development of special visual aids which in suitable cases can enable a partially sighted child to continue in an ordinary school. These have been introduced experimentally for a few carefully selected children; and experience so far is encouraging, in that progress reports indicate that children who were previously falling below their potential attainment level have been able to make normal progress when using a visual aid.

The anticipated opening of the new St. Nicholas School of 120 places for the educationally subnormal in January 1968, led to a consideration of the future pattern of provision for these children. The need for additional special school places has been long recognised and in recent years, owing largely to the efforts of the school psychological service, ascertainment has increased to the extent that the waiting list has assumed formidable proportions. St. Christopher School has for many years been unable to admit children before the age of seven years, although the legal obstacle to enforcement of attendance at a special school below that age was abolished by the Education Act 1944. There are of course many subnormal children who can be satisfactorily educated in an ordinary school if a special class is available, and others who, though they may ultimately need transfer to special school, deserve and require a prolonged trial in an ordinary school. There remain however a substantial number who would benefit by earlier transfer than has hitherto been possible. Apart from the primary consideration of the welfare of the children, this situation accentuates the problem both for the ordinary school which has to retain subnormal children beyond the age when the need for special schooling has become apparent, and for the teachers in the special school, whose task might have been easier if the children had been able to start special schooling earlier.

It was decided to recommend that as from the opening of St. Nicholas School, the headmasters of both schools for educationally subnormal children be authorised to offer places to children below the age of seven years, in cases where this course is recommended.

The experimental unit at St. Christopher School has continued to provide a very valuable service in affording an opportunity to observe and assess some of the more difficult children at an early age. There are children who may prove to need a place in a special school, others who are found after a trial to be more suitably placed in the Health Committee's junior training centre, and some who because of handicaps which may be the result of difficulties in their upbringing or social environment, cannot be adequately tested when they first come to notice, and require a trial period before their ultimate placement can be decided.

It is felt that there is a need for expansion of this type of provision, and that it should be able to accept younger children and retain some of them longer than has hitherto been possible. An early increase could be obtained by the use of the "temporary" classroom at St. Christopher School which has latterly been used to accommodate children who are now being transferred to St. Nicholas School. This would enable provision to be made for up to 20 children between the ages of 4 and 7 years for special trial and assessment. The ultimate need is considered to be the provision of accommodation of this type for about 30 children, either concentrated as a special unit at one of the schools or divided between the two. At the time of writing these proposals were still under consideration.

For the third consecutive year the Educational Psychologists undertook a survey of children in the eleven plus age group who were reported by the head teachers of junior schools as having made little educational progress. Eighty four children were surveyed, of whom seventy were given the Stanford Binet individual intelligence test. The remaining fourteen, who had had an individual test previously, were given the Goodenough-Harris Draw-a-Man test. All eighty four received the Holborn reading test and the Vernon arithmetic test, and were asked to write their own name.

I.Qs. ranged from 56 to 118. Ten children had I.Qs. below 70 and a further fourteen below 75. Thirty six boys and twenty four girls had reading ages less than 8 years, and seventeen boys and nineteen girls had arithmetic ages less than 8 years. A reading age of between 8 years 6 months and 9 years is generally considered the minimum for coping with a normal secondary school curriculum.

The psychologists report that there is some evidence that the early identification of children who have difficulty in learning in the primary schools, and the prompt provision of remedial teaching through the special remedial reading centres, is having a beneficial effect in increasing the standard of reading of children transferring from primary schools, and it is suggested that there is a need for a continuation of this help into the secondary schools.

HOME AND HOSPITAL TUITION

Home tuition may be required either for children with severe permanent disabilities such as cerebral palsy or spina bifida, or for otherwise normal children who are temporarily unable to attend school, perhaps as a result of accidental injuries or other conditions requiring prolonged orthopaedic treatment which immobilises them for the time being but not long enough to need admission to a residential school.

The demand for home tuition fluctuates, and during the current year has been comparatively light. It was therefore possible for one of the two home teachers to return to ordinary teaching in school. The extent of the home teacher's commitments however, cannot be measured solely by the number of children she is teaching at any one time. An important factor is the frequency of visits and the amount of time she can devote to each child. This again is not a simple function of teacher-time. Some of the children with severe and often multiple handicaps can only sustain their attention and concentration for short periods at a time, while the normal child who is temporarily immobilised can benefit from the nearest approximation to whole-time education which it is possible to give him.

It will thus be seen that the home teacher's task is a very varied one. On the one hand she has to provide stimulation and interest, and instil the rudiments of education in a very severely handicapped child who may never be fit for attendance even at a special school. On the other hand she may be called upon to supply continuity of education for a child whose school career has been interrupted by illness, or whose entry to school has been delayed, but who is essentially capable of absorbing a normal curriculum. Moreover, she has to be prepared to deal with children of a wide age range and of very varying attainments.

Hospital tuition is provided at Southend General Hospital, in both the medical and surgical children's wards. This is not a long-stay hospital, and the teacher's task is therefore to sustain interest and provide continuity, with the object of reducing as far as possible the disadvantages of interrupted schooling.

Here also the teacher has to be prepared to deal with a wide range of age and ability. The provision of education while in hospital has a more immediate value in creating a diversity of interest which makes the child's stay in hospital less irksome and maintains a reassuring contact with the familiar routine of his normal life. For this reason hospital tuition is continued during the normal school holiday periods.

UNIT FOR PARTIALLY HEARING CHILDREN

The unit consists of two classes, for children of infant and junior age groups respectively. There is at present no local provision for deaf or partially hearing children who still require whole time special education when they reach secondary school age. Unless the child can manage satisfactorily with a hearing aid in an ordinary school, residential education is required. Fortunately, with modern hearing aids and education in the special unit during the primary school age, most of them are able to attend an ordinary secondary school, provided the specialist teacher of the partially hearing is able to maintain contact with them and with their teachers.

With the co-operation of the staff of Prince Avenue School, where the unit is housed, the children are encouraged as far as possible to join in the corporate activities of the school. This has the dual advantage of helping the partially hearing child towards full integration with normal children in the school situation, and of freeing the teacher in charge of the unit, so as to enable her to make home visits to the very young deaf children and to the older children who have passed through the unit and are now in ordinary schools. This means that although the unit has only a small number of places, since classes are restricted to a maximum of eight children, the teacher in charge is in fact dealing with a substantially larger number of handicapped pupils.

SPECIAL SCHOOLS

(a) ST. CHRISTOPHER SCHOOL

Reference was made in last year's report to the measures taken in anticipation of the transfer from this school of pupils living in the eastern half of the Borough when the new St. Nicholas School for the educationally subnormal becomes available.

The new school was opened in January 1968, and therefore lies outside the compass of this report, apart from its relevance to the general problem of provision for the educationally subnormal, which is dealt with earlier, in the general section on handicapped pupils.

In the meantime St. Christopher School has continued to provide for its maximum complement of 115 children plus the experimental unit which takes up to 10 children for a period of observation and assessment.

Although it has not been possible to arrange for a medical officer to make regular visits to the school, close liaison has been maintained both with the headmaster and the educational psychologists on problems arising with individual children both in the school and in their home environment.

At the end of the year alterations were in progress which will provide improved accommodation for the teaching staff and a new medical suite, together with improved facilities for showers and changing room for the pupils.

(b) KINGSDOWN SCHOOL

The final stages of the alterations to this school were nearing completion at the end of the year. The new dining/assembly hall and kitchen were in use, the old hall becoming an additional classroom. The space formerly occupied by the kitchen and shower room now accommodates a medical room, a rest room for sick children, and a new physiotherapy room, together with additional cloak rooms, all much needed improvements.

The provision of an extra classroom enables the school to accommodate 120 pupils instead of 100. This is a very welcome addition, as the allocation of a substantial number of places to physically handicapped children from the Essex County area in recent years has more than counter-balanced the decrease in the number of Southend children in the "Delicate" category requiring special schooling, and in consequence the school has for the first time had a waiting list, albeit a small one. The increased proportion of physically handicapped children means a smaller turn-over of places, since most of these children require to remain at a special school throughout their school life.

Another consequence of the present composition of the school has been to increase the demand for physiotherapy. This is at present provided on four sessions a week, by two physiotherapists and an assistant, who are primarily employed by the Hospital Management Committee, the Education Authority reimbursing the cost of their services. One of the school sessions is in fact conducted at the hydrotherapy pool at Southend General Hospital, a valuable amenity which is much appreciated by the children.

A medical officer visits the school once a week, and Dr. H. J. Liebeschuetz, the consultant paediatrician visits once a month.

The following table shows an analysis of the medical conditions of the 120 children who were in attendance during the year:-

	<u>Boys</u>	<u>Girls</u>
Abnormal Gait	-	1
Achondroplasia	-	1
Anxiety State	-	1
Arthritis	-	1
Arthrogryposis	2	1
Asthma	19	15
Ataxia	1	-
Athetosis	1	-
Bronchiectasis	2	-
Cerebral Palsy	10	5
Coeliac Disease	-	1
Congenital Heart Disease	1	2
Congenital Scoliosis	-	2
Dermatomyositis	-	1
Diabetes	-	1
Diet deficiency	1	-
Eczema	1	-
Emotional Difficulties	1	-
Encephalitis	-	1
Epilepsy	1	2
Facio-scapulo-humeral myopathy	-	1
Fallot's Tetralogy	1	-
Fibro Cystic Disease	-	1
Fragilitas Ossium	-	4
General Debility	-	1
Haemophilia	1	-
Hemiplegia	1	2
Hypospadias	1	-
Imperforate Anus	1	-
Migraine	1	1
Muscular Dystrophy	3	1
Osteogenesis Imperfecta	-	2
Paraplegia	2	1
Partial Sight	-	1
Perthes Disease	1	-
Post-Encephalitis	1	-
Post-Poliomyelitis	-	1
Post-Rheumatic Fever	1	-
Pulmonary Stenosis	1	-
Recurrent Respiratory Infections	2	5
Rheumatic Carditis	-	1
Spina Bifida	2	2
Still's Disease	1	1

(c) PRIORY SCHOOL

The 50 places for maladjusted pupils in this school have been almost fully occupied since it opened in September 1966 with a nucleus of pupils transferred from the former special unit at Chalkwell Primary School.

In a school dealing with severely disturbed children, the classes are of necessity small, and the curriculum flexible. The school accepts children of all ages, whose attainments and ability to co-operate in ordinary academic school work vary very widely. The measure of its success is the extent to which it is able to rehabilitate these children, with the assistance of the Child Guidance Clinic, and enable them to return to ordinary schools.

Selection of children for admission to this school is made by the consultant psychiatrist who acts in close co-operation with the education psychologists and the headmaster of the school.

(d) RESIDENTIAL SPECIAL SCHOOLS

The Authority provides no residential special school, and the following table shows the number of children with varying categories of handicap who were maintained at special schools during the year:-

	<u>Boys</u>	<u>Girls</u>
<u>Blind and Partially Sighted</u>		
Worcester College, Leatherhead	1	-
Barclay, Sunninghill	-	2
Exhall Grange, Coventry	1	-
Blatchington Court, Seaford	1	-
<u>Deaf and Partially Hearing</u>		
Mary Hare Grammar School, Newbury	-	1
Nutfield Priory	-	1
Blanche Neville School	-	1
Woodford School, Woodford Green	3	1
Hamilton Lodge	1	-
Royal School, Margate	1	3
<u>Educationally Subnormal</u>		
Besford Court	1	-
Ramsden Hall	1	-
Spring Hill, Ripon	1	1
St. Christopher's, Bristol	-	1
Chigwell High View	2	-
Edith Edwards House, Banstead	1	-
East Hill House, Colchester	1	-

							<u>Boys</u>	<u>Girls</u>
<u>Physically Defective and Delicate</u>								
Laleham	...	...	...	...	...	...	-	2
Trueloves, Ingatestone	...	...	...	...	...	...	1	-
Ogilvie, Clacton	...	...	...	...	...	...	1	-
Ingfield Manor	...	...	...	...	...	...	1	1
Wilfred Pickles School, Duddington							1	-
Coney Hill, Hayes	...	...	...	...	...	...	1	-
Victoria School, Poole	...	...	...	...	...	...	-	1
Lord Mayor Treloar College, Alton	...	...	...	...	...	...	1	-
Florence Treloar, Alton	...	...	...	...	...	...	-	1
<u>Epileptic</u>								
Lingfield Hospital School	...	...	...	...	...	...	5	1
<u>Maladjusted</u>								
Homestead, Langham	...	...	...	...	...	...	3	-
Pitt House	...	...	...	...	...	...	1	-
<u>Speech Defect</u>								
Moor House, Oxted	...	...	...	...	...	...	1	-

Handicapped Pupils	(1) Blind (2) Partially sighted		(3) Deaf (4) Partial hearing		(5) Physically handicapped (6) Delicate		(7) Maladjusted (8) Educationally sub-normal		(9) Epileptic (10) Speech defects		TOTAL (1) - (10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
In the year ended 31st December, 1967:-											
Newly ascertained as requiring special schooling	-	-	-	-	-	2	9	14	-	-	25
boys	-	-	-	-	3	8	3	23	1	-	38
girls	-	-	-	-	-	-	-	-	-	-	-
(i) No. of above newly placed in special schools	-	-	-	-	3	2	6	4	1	-	12
boys	-	-	-	-	-	5	3	5	1	-	17
girls	-	-	-	-	-	-	-	-	-	-	-
(ii) Ascertained prior to 1.1.67 and newly placed in special schools	-	-	1	-	-	-	1	6	-	-	8
boys	-	-	1	-	-	-	-	4	-	-	6
girls	-	-	1	-	-	-	-	-	-	-	-
Requiring Places in special schools	-	-	-	-	-	1	5	24	-	-	30
(i) Day	-	-	-	-	-	-	-	34	-	-	34
(ii) Boarding	-	-	-	-	1	-	-	1	-	-	2
boys	-	-	-	-	-	-	-	-	-	-	-
girls	-	-	-	-	-	-	-	-	-	-	-
(i) Attending maintained special schools:-	-	-	-	-	11	12	27	95	1	-	146
(a) Day	-	-	-	-	13	16	7	76	1	-	113
(b) Boarding	-	-	-	-	-	1	1	2	-	-	4
boys	-	-	-	-	-	-	-	-	-	-	-
girls	-	-	1	-	-	-	-	-	-	-	1
(ii) Attending non-maintained special schools:-	-	-	-	-	-	-	-	-	-	-	-
(a) Day	1	-	-	-	-	-	-	-	-	-	-
(b) Boarding	1	1	1	-	2	1	-	3	5	1	14
boys	1	1	4	-	1	-	-	1	1	-	10
girls	-	-	-	-	-	-	-	-	-	-	-
(iii) Attending independent schools	-	-	-	-	-	-	-	-	-	-	-
(a) Day	-	-	-	-	-	-	-	-	-	-	-
(b) Boarding	-	-	2	1	-	-	1	-	-	-	4
boys	-	-	-	-	-	-	-	-	-	-	-
girls	-	-	-	-	1	-	-	1	-	-	3
Receiving Education otherwise than at school:-	-	-	-	1	1	2	-	-	-	-	4
(i) In hospital	-	-	-	-	-	2	-	-	-	-	2
(ii) In other groups	-	-	-	-	-	2	-	-	-	-	2
(iii) At home	-	-	-	-	2	-	-	-	-	-	4
boys	1	-	3	2	17	17	34	125	6	1	206
girls	1	1	5	1	18	20	7	112	2	-	167
TOTAL											

NURSERY CLASSES

The demand for places still exceeds considerably the number available in the two nursery classes at Bournemouth Park and Blenheim Primary schools. The effect of this is two-fold: it raises the average age at entry on account of the lengthy waiting list, and it makes it more difficult to obtain places for children specially recommended on account of medical or social needs.

Apart from practical problems of premises and finance, the local authority's ability to provide additional nursery classes is restricted by the necessity to demonstrate that by doing so it will enable more married women teachers to return to the profession, the basis being taken as an average of 4 teachers so released for each nursery class provided. The opening in September 1966 of the Southend branch of the Brentwood College of Education, which caters for married women students, many of whom have children of school age, has had the effect of reducing the pressure locally to recruit additional married women. For this reason, doubtless among others, there have not been sufficient applications from qualified teachers with children of nursery school age to enable further nursery classes to be established. While this restriction on the expansion of nursery education is understandable in the context of the national shortage of teachers, it may be thought to take insufficient account of the case for expanding this service for other sections of the population.

TRAINING OF DISABLED PERSONS

The Education Committee provides further education, where appropriate, for handicapped persons. This applies both to extended general education beyond the age of sixteen years, and to assessment courses with a view to specific vocational training. Following an assessment course, if a handicapped person over school age is recommended for residential training, this normally becomes the responsibility of the Health Committee. A number of handicapped pupils on leaving school undertake vocational training courses at the College of Technology.

The further education centres at St. Christopher School and Fairfax High School continued to provide extended education for backward readers.

EMPLOYMENT OF SCHOOL CHILDREN

The bye-laws for the employment of children were last promulgated in 1948. Following representations by a group of employers the Committee decided to recommend a revision of the current bye-laws. The primary purpose of this was to effect certain changes which, while maintaining adequate safeguards for the children, would allow of a greater flexibility in the hours between which a school child may lawfully be employed.

In previous reports comment has been made on the rarity of rejection for employment on medical grounds. The requirement of compulsory certification of fitness by the school medical officer had in practice become something of an anachronism. Children with significant handicaps rarely seek employment while at school, and are in any case likely to be known to the head teachers and the school welfare officers. The Committee therefore proposed to delete from the revised bye-laws the requirement of a routine medical examination, leaving it to the school welfare officers to ask for a medical certificate in the case of any child about whose fitness for employment there is a *prima facie* doubt. At the time of writing, these revised bye-laws still await confirmation, and in consequence pupils seeking employment continued to be examined throughout the year.

The number of children so examined was 555 compared with 727 last year. This total was made up of 391 boys and 164 girls, of whom 64 boys and 34 girls were grammar school pupils.

In addition 11 boys and 18 girls were examined prior to temporary theatrical employment.

YOUTH EMPLOYMENT SERVICE

It has long been the practice for the school medical officers to advise the youth employment officers of any restriction on choice of employment for pupils with significant handicaps. Hitherto this has been done by means of a scrutiny of the medical records of school leavers together with the head teacher's comments on the pupil's health in his school leaving report, supplemented where necessary by a special medical examination.

In cases where a simple recommendation to avoid certain categories of employment (for example, work near machinery or at heights) is involved, a form of report known as "Y9" is completed. In the case of more severe handicaps, where registration as a disabled person may be recommended, a different form, known as "Y10" is completed, with the written consent of the parent, after medical examination.

The information given on Form Y9 was minimal and often confined to a statement of the recommended restriction. Opinion among youth employment officers, both locally and nationally, has inclined to the view that the placement of a handicapped school leaver would be facilitated if rather more positive information were made available confidentially to the officer responsible for placement.

This year the Central Youth Employment Executive invited certain local authorities, of which Southend was one, to co-operate in a limited experiment, using an amended Form Y9 to be completed as appropriate for every school leaver, on the occasion of the pupil's last medical examination at school. This form makes some amendments in the categories of unsuitable employments, and includes information on the need for spectacles or hearing aids at work, and on colour vision. It also includes space for additional information about a pupil's health which, while not requiring a specific prohibition of some type of employment, may be of value in securing the most appropriate placement for the individual. The form contains a categorical statement that it is for the confidential use of the youth employment officer and will in no circumstances be disclosed to employers or other persons without the consent of the parents in writing.

In order to facilitate comparison with the previous method, the use of the new form was restricted to a limited number of selected schools. The experiment is to be continued during 1968 but it is understood that the youth employment officers have found the new system to have real advantages, and would favour its wider adoption.

SCHOOL HYGIENE

The modernisation of toilet facilities in the older schools has continued as quickly as the programme of capital works permits, and in general it can be said that hygienic conditions in the schools are satisfactory. This applies also to the buildings and equipment of the school meals service.

The medical officer of health is invited to comment on the plans of new school buildings, and the advice of the chief public inspector is available in any special problems of hygiene whether in proposed or existing schools.

No special problems were encountered during the year.

The majority of primary schools now have learner swimming pools. These are all fitted with automatic filtration and chlorination units, and daily records are kept of the residual chlorine content and pH of the water during the period the pools are in use. The public health inspectors take samples periodically for bacteriological examination.

INFECTIOUS DISEASES

In recent years measles has shown a tendency to extend more widely over the year than was formerly the case. Nevertheless, it still exhibits a two-year periodicity of epidemic spread, occurring in alternate winters. The rise of measles in Southend can be predicted fairly accurately from a study of the curve of notifications in the London area, and this year the expected peak occurred in February.

Like the other infectious diseases of childhood, measles is a less serious disease than it used to be, because the common complications, which were the result of secondary bacterial infections, are now more readily controlled by antibiotics. It can however still cause serious invalidism and death, as well as being responsible for the loss of a great deal of school time in the primary schools. The prospect of the control of measles by the production of safe and effective vaccines, will, if the protection afforded proves to be lasting, represent another big step forward in preventive medicine.

Apart from measles there was no major outbreak of epidemic disease among school children this year, and no special investigations had to be undertaken.

The Mass Miniature Radiography Unit paid one of its periodical visits to the Borough in October, and in common with other Corporation employees, teachers were invited to avail themselves of the opportunity to have a chest x-ray examination.

Experience indicates that the best use is made of mass radiography if an effort is made to include those categories of the population which have the highest incidence of pulmonary tuberculosis - women between the ages of 15 and 34 and men over 45 years - and certain other groups with a history of respiratory disease, or who may be at special risk.

With the co-operation of the Consultant Chest Physician a leaflet was prepared, drawing attention to the desirability of chest x-ray examination for teachers and others who are in contact with organised groups of children, special attention being devoted to the following categories:-

- (a) Those who had had no chest x-ray examination within the last five years.
- (b) Women under the age of 34 and men over the age of 45.
- (c) All supply teachers who had not been x-rayed within the last two years.
- (d) Any person with a history of chest trouble, persistent cough, loss of weight or lassitude.
- (e) Known diabetics and those with persistent indigestion.

PROPHYLACTIC MEASURES

Vaccination and immunisation is a function of the local health authority, and with the exception of vaccination against tuberculosis, the primary emphasis is on the pre-school child. Parents are advised that their children should receive "booster" doses of certain vaccines at about the time of school entry, but the response to this offer of additional protection continues to be disappointing.

Immunisation against poliomyelitis, smallpox, diphtheria, whooping cough, and tetanus are all available at the Council's clinics, and can also be obtained from general practitioners under the National Health Service.

The exception is B.C.G. vaccination against tuberculosis, which is conducted on school premises, with the much valued co-operation of the head teachers. Skin testing by the Heaf method is offered annually during the first three years of attendance at a secondary school. Those who remain Heaf negative over this period are offered B.C.G. vaccination in their fourteenth year, or subsequently. Any pupil showing a grade II or stronger reaction to the tuberculin test is referred for x-ray examination, as are children who have been vaccinated with B.C.G., and subsequently exhibit a grade III or IV response. Skin testing is carried out by nurses who are specially experienced in this work, and the reading of the test results, and the administration of B.C.G. vaccine, is done by a medical officer.

The number of children tested in the B.C.G. age group (13 years) was 1917, of whom 1732 were negative reactors and 1695 received B.C.G. vaccine. In addition 3291 children outside this age group received a skin test.

PART I - MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY
AND SPECIAL SCHOOLS)

TABLE A - PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected (2)	Physical Condition of Pupils Inspected		No. of pupils found not to warrant a medical examination (5)	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		SATIS-FACTORY No. (3)	UNSATIS-FACTORY No. (4)		For defective vision (excluding squint) (6)	For any other condition recorded at Part II (7)	Total Individual Pupils (8)
1963 and later	30	30	-	-	-	-	-
1962	358	358	-	-	8	47	55
1961	382	382	-	-	3	48	50
1960	109	109	-	-	1	10	10
1959	127	127	-	-	4	14	18
1958	309	309	-	-	8	22	30
1957	510	510	-	-	22	54	76
1956	353	353	-	-	18	28	44
1955	284	284	-	-	16	13	29
1954	598	598	-	-	15	22	34
1953	732	732	-	-	27	23	48
1952 and earlier	1526	1526	-	-	20	21	40
TOTAL	5318	5318	-	-	142	302	434

TABLE B - OTHER INSPECTIONS

Number of Special Inspections	7,392
Number of Re-inspections	8,656
	<u>16,048</u>

TABLE C - INFESTATION WITH VERMIN

(1)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	48,807
(2)	Total number of individual pupils found to be infested	56

SCREENING TESTS OF VISION AND HEARING

1(a)	Is the vision of entrants tested as a routine within their first year at school?	Yes																						
(b)	If not, at what age is the first routine test carried out?	-																						
2	At what age(s) is vision testing repeated during a child's school life?	<table border="1"><tr><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr><tr><td></td><td></td><td></td><td></td><td>✓</td><td></td><td></td><td></td><td>✓</td><td></td><td></td></tr></table>	6	7	8	9	10	11	12	13	14	15	16					✓				✓		
6	7	8	9	10	11	12	13	14	15	16														
				✓				✓																
3(a)	Is colour vision testing undertaken?	Yes																						
(b)	If so, at what age?	11 - 16 +																						
(c)	Are both boys and girls tested?	Boys only																						
4(a)	By whom is vision testing carried out?	School nurse																						
(b)	By whom is colour vision testing carried out?	School Medical Officers																						
5(a)	Is routine audiometric testing of entrants carried out within their first year at school?	No																						
(b)	If not, at what age is the first routine audiometric test carried out?	No routine audiometry																						
(c)	By whom is audiometric testing carried out?	School Medical Officers																						

PART II - DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A - PERIODIC INSPECTIONS

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1967

Defect Code No. (1)	Defect or Disease (2)	Entrants		Leavers		Others		Total	
		Requiring Treatment (3)	Requiring Observation (4)	Requiring Treatment (5)	Requiring Observation (6)	Requiring Treatment (7)	Requiring Observation (8)	Requiring Treatment (9)	Requiring Observation (10)
4	Skin	28	43	19	40	18	30	65	113
5	Eyes -- (a) Vision (b) Squint (c) Other	24 11 10	78 24 1	62 4 -	432 6 -	56 3 -	128 20 -	142 18 10	638 50 1
6	Ears -- (a) Hearing (b) Otitis Media (c) Other	6 12 -	70 7 -	- 1 -	13 - -	1 - -	15 - -	7 13 -	98 7 -
7	Nose and Throat	7	61	1	23	5	21	13	105
8	Speech	3	27	-	4	1	7	4	38
9	Lymphatic Glands	-	19	-	-	-	11	-	30
10	Heart	-	16	-	6	-	3	-	25
11	Lungs	18	41	-	48	-	19	18	108
12	Developmental	4	10	-	-	-	-	4	10
	(a) Hernia	5	35	2	52	22	36	29	123
13	(b) Other Orthopaedic -- (a) Posture (b) Feet (c) Other	- 1 2	- 66 29	- - -	- 7 7	- - 1	2 29 20	- 1 3	2 102 56
14	Nervous System -- (a) Epilepsy (b) Other	1 -	2 -	- -	3 1	- -	2 2	1 -	7 3
15	Psychological (a) Development (b) Stability	- 3	1 29	- 1	- 17	- -	- 23	- 4	1 69
16	Abdomen	-	2	-	2	-	-	-	4
17	Other	37	67	38	68	44	71	119	206

TABLE B - SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	SPECIAL INSPECTIONS	
		Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)
4	Skin	280	16
5	Eyes - (a) Vision	675	148
	(b) Squint	11	4
	(c) Other	4	-
6	Ears- (a) Hearing	79	182
	(b) Otitis Media	17	-
	(c) Other	-	-
7	Nose and Throat	17	24
8	Speech	7	28
9	Lymphatic Glands	-	1
10	Heart	-	1
11	Lungs	-	23
12	Developmental:-		
	(a) Hernia	1	3
	(b) Other	7	25
13	Orthopaedic:-		
	(a) Posture	3	10
	(b) Feet	2	28
	(c) Other	4	33
14	Nervous system:-		
	(a) Epilepsy	-	5
	(b) Other	1	3
15	Psychological:-		
	(a) Development	2	7
	(b) Stability	328	114
16	Abdomen	2	10
17	Other	187	7

PART III - TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A - EYE DISEASE, DEFECTIVE VISION AND SQUINT

	<u>Number of cases known to have been dealt with</u>
External and other, excluding errors of refraction and squint	25
Errors of refraction (including squint)	631
	<hr/>
Total	656
	<hr/>
Number of pupils for whom spectacles were prescribed	203

TABLE B - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<u>Number of cases known to have been dealt with</u>
Received operative treatment	
(a) for diseases of the ear	67
(b) for adenoids and chronic tonsilitis	278
(c) for other nose and throat conditions	40
Received other forms of treatment	15
Total	<u>400</u>
Total number of pupils in school who are known to have been provided with hearing aids	
(a) in 1967	13
(b) in previous years	40

TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

	<u>Number of cases known to have been treated</u>
(a) Pupils treated at clinics or outpatient departments	141
(b) Treated at school for postural defects	-

TABLE D - DISEASES OF THE SKIN (excluding uncleanliness
for which see Table D of Part 1)

	<u>Number of cases known to have been treated</u>
Ringwork:- (a) Scalp	-
(b) Body	-
Scabies	32
Impetigo	15
Other skin diseases	43
	<u>90</u>

TABLE E - CHILD GUIDANCE TREATMENT

	<u>Number of cases known to have been treated</u>
Pupils treated at Child Guidance Clinics	284

TABLE F - SPEECH THERAPY

Pupils treated by Speech Therapists	236
--	-----

TABLE G - OTHER TREATMENT GIVEN

	<u>Number of cases known to have been treated</u>
(a) Pupils with minor ailments	663
(b) Pupils who received convalescent treatment under School Health Service arrangements	-
(c) Pupils who received B.C.G. vaccination	1695
(d) Tuberculin Surveys (other than for B.C.G.)	3291
(e) Physiotherapy	90
(f) Orthoptic Clinic	775(estimated)
Total	<u>6514</u>

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	787	725	134	1646
Subsequent visits	458	894	155	1507
Total visits	1245	1619	289	3153
Additional courses of treatment commenced	27	54	6	87
Fillings in permanent teeth	649	1368	324	2341
Fillings in deciduous teeth	290	257	-	547
Permanent teeth filled	626	1348	301	2275
Deciduous teeth filled	275	246	-	521
Permanent teeth extracted	28	127	66	221
Deciduous teeth extracted	1304	854	-	2158
General anaesthetics	484	311	21	816
Emergencies	265	232	12	509

Number of pupils x-rayed	16
Prophylaxis	33
Teeth otherwise conserved	127
Number of teeth root filled	26
Inlays	-
Crowns	22
Courses of treatment completed	1048

ORTHODONTICS

Cases remaining from previous year	12
New cases commenced during year	80
Cases completed during year	27
Cases discontinued during year	24
No. of removable appliances fitted	68
No. of fixed appliances fitted	-
Pupils referred to Hospital Consultant	-

PROSTHETICS

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	-	-	-	-
Pupils supplied with other dentures (first time)	1	26	11	38
Number of dentures supplied	1	26	12	39

ANAESTHETICS General Anaesthetics administered by Dental Officers 510

INSPECTIONS

(a) First inspection at school.	Number of pupils	8565
(b) First inspection at clinic.	Number of pupils	1254
Number of (a) and (b) found to require treatment		6299
Number of (a) and (b) offered treatment		4945
(c) Pupils re-inspected at school clinic		60
Number of (c) found to require treatment		57

SESSIONS

Sessions devoted to treatment	461
Sessions devoted to inspections	47
Sessions devoted to Dental Health Education	5

